DOCUMENT RESUME

ED 365 933 CG 025 198

AUTHOR	Illovsky, M., Ed.
TITLE	Illinois Association for Counseling and Development (IACD) Quarterly, 1992.
INSTITUTION	Illinois Association for Counseling and Development.
PUB DATE	92
NOTE	205p.; Published in issues dated Fall, Spring, Summer, Winter.
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	IACD Quarterly; n124-127 1992
EDRS PRICE	MF01/PC09 Plus Postage.
DESCRIPTORS	*Assertiveness; Black Family; *Career Counseling; *Counseling; *Evaluation Methods; Evaluation Problems; Grief; Lesbianism; Mental Health; Models; Supervision; Test Use

ABSTRACT

This document consists of the four issues of the "IACD Quarterly" published in 1992. Articles in this volume include: (1) "A Multicultural Approach to Assertiveness Training" (Wilma Henry and Mary Ann Jones); (2) "Life-Skills: Research and Application" (Michael Illovsky); (3) "'A Model for Grief Counseling: Combining the Ideals of Robert Carkhuff and Colin Parkes'" (Nan Giblin): (4) "Career Indecision: Methods for Identification" (Bradford Carroll); (5) "Working With Counselor Trainees From Toxic Families" (Keren Humphrey); (6) "Latina Lesbians" (Estela Pledge); (7) "Supervising the Experienced Student Counselor" (Stephany Joy); (8) "Culture and Mental Health: Practical Issues Affecting Mexican Americans" (Mark Kaplan and Suzanne Faikus); (9) "Inner Child Healing" (Margaret Nichols); (10) "An Effective Counseling Model for Treating the African-American Family" (Jay Willis); (10) "Measurement Issues Affecting the State of Illinois: Background and Overview" (William Gorman); (11) "Test Use Practices of Counselors Working in Educational Settings" (Patricia Elmore, Ruth Ekstrom, and Esther Diamond); (12) "The Meaning of Test Results for Counselor" (Rick Myer and I. Michael Schyb); (13) "Assessment Issues with Non-Traditional Students" (Dorothy Squitieri); (14) "Substance Abuse Assessment in Illinois" (John Taccarino); (15) "Standardized Testing in Illinois: Adequacy for Purposes Used" (Rita Karwacki Bode); and (15) "Tech Prep and Illinois Assessment Needs" (John Van Alst). (NB)

****
*   Reproductions supplied by EDRS are the best that can be made   *
*   from the original document.   *
****

ED 365 933

IACD quarterly

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Contents:

- A Multicultural Approach to Assertiveness Training
- Life-Skills: Research and Applications
- "A Model for Grief Counseling: Combining the Ideals of Robert Carkhuff and Colin Parkes"
- Career Indecision: Methods for Identification

BEST COPY AVAILABLE

CG025198

Number 124
Winter, 1992

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

IACD

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

EDITORIAL BOARD

IACD
quarterly

WINTER 1992

Diane L. Kjos, Ph.D. (1991)
Division of Psychology and Education
College of Education
Governors State University
University Park, IL 60466

Rick Meyer, Ph.D. (1991)
Department of Educational Psychology
and Special Education
Northern Illinois University
DeKalb, IL 60115-2854

Jeffrey K. Edwards, Ed.D
Department of Counselor Education
Northeastern Illinois University
Chicago, IL 60625-4699

Deborah Gough, Ph.D. (1992)
Communicative Disorders
Northern Illinois University
DeKalb, IL 60115-2854

Lori Ann Russell, Ph.D. (1992)
Bradley University
College of Education
and Health Sciences
217 Westlake
Peoria, IL 61625

William McFarland, Ph.D. (1992)
1306 Campusview Drive
Macomb, IL 61455

Anita Curtis, Ph.D. (1993)
403 Fairchild Hall
Illinois State University
Normal, IL 61761-6901

Jo Ann Hummers, Ed.D. (1993)
Counseling Center
Western Illinois University
Macomb, IL 61455

EDITOR
M. Illovsky, Ph.D.
Western Illinois University
Macomb

ASSOCIATE EDITOR
Joan Green
Western Illinois University
Macomb

ASSISTANT EDITOR
Margaret Frohne

MANAGING EDITOR
Donald Moler
Eastern Illinois University
Charleston

THE IACD QUARTERLY (USPS 451-660) is the official publication of the Illinois Association for Counseling and Development. The QUARTERLY serves the common interests of counselors and personnel workers in the State of Illinois.

MANUSCRIPTS: Address all correspondence to the editor: M. Illovsky, Ph.D., Memorial Hall, Western Illinois University, Macomb, IL 61455.

MEMBERSHIP: Membership in IACD includes a subscription to the IACD QUARTERLY. Membership information may be obtained from: Twyman Jones, P.O. Box 955, Normal, IL 61761-0955.

CHANGE OF ADDRESS: Notification of address change of subscriber or member should be sent at least five weeks in advance of publication. Undelivered copies resulting from address changes will not be replaced; subscribers should notify the post office that they will guarantee second class forwarding postage. Other claims for undelivered copies must be made within four months of publication.

PUBLICATION OFFICE: Department of Educational Psychology and Guidance, Eastern Illinois University, Charleston, IL 61920.

POSTMASTER: Send form No. 3579 to: Donald L. Moler, Eastern Illinois University, Charleston, IL 61920.

THE ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT QUARTERLY is printed quarterly: FALL, SPRING, SUMMER, WINTER; by the Illinois Association for Counseling and Development and Eastern Illinois University. Second class postage paid at Charleston, IL 61920.

Illinois Association for
Counseling and Development **IACD**

Table of Contents

A Multicultural Approach to Assertiveness Training

Wilma J. Henry and Mary Ann Jones 2

Life-Skills: Research and Applications

Michael E. Illovsky 10

"A Model for Grief Counseling: Combining the Ideals of Robert Carkhuff and Colin Parkes"

Nan J. Giblin 19

Career Indecision: Methods for Identification

Bradford W. Carroll 30

IACD is a state branch of the American Association for Counseling and Development (AACD) and adheres to the Ethical Standards subscribed to by AACD.

Contents of this journal are copyrighted.

A Multicultural Approach to Assertiveness Training

Wilma J. Henry and Mary Ann Jones

Assertiveness training has received much attention in the behavior therapy literature as a process for enhancing social skills. However, little focus has been directed to the influence of cultural and racial variables in defining and interpreting assertive behavior and response patterns. This article addresses the impact of race and cultural stereotypes in the context of "appropriate assertive behavior" and presents a model that outlines antecedents of multicultural interactions. Specific cognitive techniques to enhance the assertiveness training process are described.

Assertiveness training has received much attention in the behavior therapy literature as a process for enhancing social skills (Wildman & Clements, 1986). However, not much direct attention has been given to the influence of cultural and racial variables in defining and interpreting assertive behavior and response patterns (Caldwell-Colbert & Jenkins, 1982).

Consequently, some authors have raised issues regarding assertiveness training procedures for blacks (Cheek, 1976; Garrison & Jenkins, 1986; Lineberger & Calhoun, 1983; Minor, 1978). Specifically, since racist stereotypes are still evident in American society, these authors have questioned whether the traditional assumptions and techniques in assertiveness training with whites also apply to blacks.

Cheek (1976) maintains that the effects of Jim Crowism—a legal and social separation of blacks and whites in this society—have produced contrasting values and life styles between blacks and whites. This situtation in turn affects the interpretation and definition of assertive and aggressive behavior. As a result of such historical and cultural events, blacks and whites have different role expectations of each other. Whites, for example, have come

---

Wilma J. Henry is Assistant Professor and Assistant Dean for Administrative and Student Services in the College of Education and Human Services at Wright State University.

Mary Ann Jones is Associate Professor in the College of Education and Human Services at Wright State University.

to expect blacks to respond using mainly passive and/or overly aggressive behaviors (Lineberger & Calhoun, 1983; Pettigrew, 1985; Zatz, 1987). In addition, assertive behavior of blacks has been suggested to be qualitatively different from that of whites. According to Minor (1978), the assertive response made by blacks may be "louder, more direct, employ more gestures, animated facial expressions, and opposed to standard English" (p. 56). Consequently, when blacks respond assertively, their behaviors may be misinterpreted.

Since the appropriate content of an assertive response may be based upon attributes associated with the race and culture of an individual, clients would be better served if counselors were trained to examine their interactions recognizing historical and social influences. The purpose of this article is to present a model that outlines possible antecedents of multicultural interactions, specifically in the assertive domain.

The model introduced herein is based on historical, cultural and racial stereotypes, attitudes, and perceptions. These issues are subtle and pervasive throughout society. These issues must be addressed to improve delivery and efficiency of counseling services to individuals of different races and cultures (Garrison & Jenkins, 1986).

Assertive behavior is truly the socially appropriate way of communicating requests, refusals and (positive and negative) expressions of feelings (Whiteley & Flowers, 1978). Inasmuch as assertiveness may be in the "eye of the beholder," (Henry & Piercy, 1984, p. 97) counselors must be trained to expand their myopic view of what constitutes "appropriate assertive behavior" for different ethnic groups.

THE MODEL

The basic assumptions of the model include:

1. True assertion is understood and most effective within same group interaction.
2. As similarities decrease the likelihood of an intended assertive response being misinterpreted is greater.
3. The type of interaction which is introduced (e.g., request, refusal and positive and negative expressions of feelings) will also increase the probability for misinterpretation of assertive behavior.

Based on the assumptions of this model, behaviors (i.e., assertive, aggressive, passive) typically influenced by racial and cultural stereotypes in interethnic and intraethnic interactions are identified in patterns A through P.

Pattern A. Black Male to Black Male

All things being equal, the interaction is generally assertive.

Pattern B. Black Male to Black Female

Traditionally black males believe black females are aggressive. This belief is based on the prevailing myth of the black female matriarch (Henry and Piercy, 1984). The notion of male superiority which is pervasive in this country may conflict with the matriarchal theses, thereby creating aggression in black male/black female interactions.

Pattern C. Black Male to White Male

In this interaction pattern, the behavior may be passive to aggressive to assertive. The behavior may also be passivity with a purpose (Arbetter, 1986).

Historically and stereotypically the black male has been socialized to respond in a passive/aggressive manner (Poussiant, 1982). Consequently, when black males respond assertively in a black male/white male interaction they may have gone through a psychological process from passive to aggressive to assertive.

Pattern D. Black Male to White Female

Traditionally white females have been perceived as nonassertive (Hecht, Ribeau & Alberts, 1989). Thus, the interaction is often aggressive, manipulative.

The white female is traditionally portrayed as the socially acclaimed American model for femininity (Poussaint, 1982). Therefore, black males may respond to white females in manipulative ways out of curiosity (i.e., "a taste of the forbidden fruit") and the need to enhance their self-esteem (i.e., "the grass is greener on the other side"). Additionally, black males may perceive the expectations of white females to be less threatening than black females (Warfield and Marion, 1985).

Pattern E. Black Female to Black Male

In this pattern the behavior is usually assertive.

Historically black females were "set-up" (i.e., supported by white males) better to provide for self and family. Thus, black females have developed a self-protective mechanism for responding in an equal rather than subordinate position because they have not always been able to rely on the constancy of black males (Hecht, Ribeau & Alberts, 1989).

Pattern F. Black Female to Black Female

All things being equal, the interaction is generally assertive.

Pattern G. Black Female to White Male

In this interaction, the behavior is often assertive.

While the behavior is generally assertive, the black female may have undergone a psychological process from passive to aggressive to assertive. For example, the stereotypes of male dominance and white superiority (Rozema, 1982) may influence the initial reaction, followed by a response of self assertion.

Pattern H. Black Female to White Female

In this interaction the behavior is assertive.

Black females may feel stronger and thus, superior because they have had to deal with adversity and never been part of a "pedestal ideal" (Hecht et all., 1989). Thus, direct and open interaction with white females may be nonthreatening.

Pattern I. White Male to Black Male

In this interaction the behavior is generally aggressive (cocky).

Historically and culturally there is a subtle/not so subtle belief in white male superiority (Rozema, 1982). White males may interact with arrogance as a means of exerting power and authority over those with whom they feel psychologically threatened.

Pattern J. White Male to Black Female

In this interaction the behavior is often aggressive (patronizing).

Historically white males have manipulated black females (Henry and Piercy, 1984). Their response to black females may be based on self serving needs to control those with whom they feel less psychologically threatened.

Pattern K. White Male to White Male

All things being equal, the interaction is generally assertive.

Pattern L. White Male to White Female

In this interaction, the behavior is often aggressive (condescending).

Traditionally, there is the perception of white females as the "little woman" on the part of the white males. They have been perceived as being inferior to white males (Rozema, 1982).

Pattern M. White Female to Black Male

In this interaction, the behavior is aggressive (manipulative).

There is a subtle pseudo psychological bond between black males and white females due to feelings of being "put down", "kept down" and oppressed (Warfield and Marion, 1985). Manipulation may be influenced by curiosity (i.e., the mystique regarding the stereotype of black male prowess) and fear (i.e., the white female has been socialized to believe that all black males desire white women).

Pattern N. White Female to Black Female

This interaction pattern is usually passive-aggressive to assertive.

Historically, the beliefs/stereotypes to which the white female has been exposed vis-a-vis black females have included: "pedastal ideology" the belief that she is the symbol of femininity and general feelings of white superiority (Rozema, 1982). Thus, the white female/black female interaction may be influenced initially by such stereotypes followed by assertion.

Pattern O. White Female to White Male

In this interaction, the behavior is often passive-aggressive.

Historically the white female's behavior has been perceived as docile, nonassertive and manipulative (Henry & Piercy, 1984). Thus, this social conditioning may influence the white female/white male interaction.

Pattern P. White Female to White Female

All things being equal, the interaction is generally assertive.

CONCLUSION

Despite the positive changes which have resulted from the Civil Rights Movements of the sixties, both race and cultural stereotypes remain prevalent. They continue to have a negative influence upon interethnic and intraethnic interactions, communications and relations.

Counselors and assertiveness trainers must be cognizant of the impact of history, race and culture on assertive behavior and response patterns to assist clients whose past "assertive behavior" has been misinterpreted and who may have consequently developed feelings of failure, depression and low self worth.

Assertiveness training procedures must employ cognitive techniques aimed at creating a multicultural awareness of assertiveness that lead to cognitive and behavioral changes. Such cognitive techniques may include: (a) affirming the role of cultural differences in interpersonal interactions, (b) acknowledging that multicultural factors do impact or influence perceptions of assertive behavior, (c) learning to assess one's behavior in light of personal intent, (d) recognizing that an act of assertion by one person may be perceived as either passive, aggressive or assertive by others, (e) developing alternate ways of responding assertively in multicultural interactions, and (f) choosing a behavior that will ultimately facilitate accomplishing the goal.

IMPLICATIONS

Contrasting values and lifestyles, stereotypic attitudes and perceptions and the lack of a multicultural body of knowledge all may contribute to the different styles of assertion expressed by individuals of various cultural groups. A basic knowledge must be acquired of the cultural and historical experiences of individuals of different ethnic groups to develop an understanding of various cultural modes of assertive groups to develop an understanding of various cultural modes of assertive expression.

Different customs among cultural groups and the stereotypic attitudes attributed to individuals from these cultural groups enhance the possibility that assertive behavior may be easily misinterpreted in multicultural interactions. Thus, it is imperative to develop an awareness of the various audiences that may be addressed when interacting across cultures and to develop assertive skills that are effective when communicating with the specific audiences.

Even when there is an understanding of cultural variables, the possibility remains that an assertive response by a person from a different cultural background may be misinterpreted. It is important in multicultural interactions that the intent of the assertive message is open, honest and culturally sensitive communication. This intent must remain clear in the mind of the sender to eliminate unproductive rumination and consequent feelings of impotence and immobility if the assertive behavior is misinterpreted.

Assertive behavior is not a general trait, but is situation specific. Thus the subculture, atmosphere and ideology, tend to define what is considered appropriate behavior given a specific setting. Since behavior that appears socially appropriate in one situation may not be so in another, it is important to develop various ways of responding to specific situations in different cultural settings.

Cultural differences in the tolerance of assertive behaviors have been recognized. In some environments assertive behavior by certain individuals is reinforced, whereas in other social-environmental contexts individuals are punished for the same type of behavior. Therefore, it is necessary to develop a repertoire of assertive skills that can be used for responding in multicultural situations, and that will increase the possibility of goal accomplishment and decrease the possibility of negative consequences.

REFERENCES

Arbetter, S. R. (1986). "Behavioral assessment: Are you passive, aggressive, or assertive?" *Current Health*, 2(12), 17-19.

Caldwell-Colbert, A. T., & Jenkins, J. O. (1982). "Modification of interpersonal behavior." In S. Turner and R. Jones (Eds.), *Behavior Modification in Black Populations* (pp. 171-207). New York: Plenum Press.

Cheek, D. K. (1976). *Assertive Black... Puzzled White.* San Luis Obispo, California: Impact Publishers, Inc.

Garrison, S., & Jenkins, J. O. (1986). "Differing perceptions of Black assertiveness as a function of race." *Journal of Multicultural Counseling and Development*, 14(1), 157-166.

Hecht, L. H., Ribeau, S., & Alberts, J. K. (1989). "An Afro-American perspective on interethnic communication." *Communication Monographs*, 56, 385-410.

Henry, W. J., & Piercy, F. P. (1984). "The assertive/aggressive ratings of women as a function of the rater's race and sex." *Journal of Non-White Concerns in Personnel and Gudence*, 12(3), 85-98.

Lineberger, M. H., & Calhoun, K. (1983). "Assertive behavior in Black and White American undergraduates." *The Journal of Psychology*, 113, 139-148.

Minor, R. J. (1978). "A perspective for assertiveness training for Blacks." *Journal of Non-White Concerns*, 12, 63-69.

Pettigrew, T. F. (1985). "New Black-White patterns: How best to conceptualize them?" *American Sociological Review, 11*, 329-346.

Poussaint, A. F. (1982, August). "What every Black woman should know about Black men." *Ebony*, 36-41.

Rozema, H. J. (1982). *The interplay between racism and sexism: Using assertiveness training techniques to reduce racism.* Paper presented at the Annual Meeting of the International Communication Association, Boston, MA.

Warfield, J. L. & Marion, R. L. (1985, April). "Counseling the Black male." *Journal of Non-White Concerns, 2*, 54-71.

Whiteley, J. M., & Flowers, J. O. (1978). *Approaches to Assertion Training.* Belmont, CA: Wadsworth.

Wildman, B. G. & Clements, L. (1986). "Assertive empathic, assertive and conversational behavior perception of likability, effectiveness and sex roles." *Behavior Modification, 10*(3), 315-331.

Zatz, M. S. (1987). "The changing forms of racial/ethnic biases in sentencing." *Journal of Research in Crime and Delinquency, 24*, 69-92.

Encourage your colleagues to join IACD!

Life Skills: Research and Applications

Michael E. Illovsky

The development of a Life-Skills scale and its applications for counselor intervention are discussed. Research has indicated that those with psychological problems could benefit from life skills training to deal with their presenting problems and with the general problems of living. Research has also indicated that students are able to function better with life skills training. It is hypothesized that people from other cultures may be able to function better in mainstream American society if they obtain the basic skills. More data needs to be gathered; researchers are encouraged to participate.

Introduction

Consider the questions: Are there basic, generic skills that one needs for effective living in society? If there are, what are the skills? Delineation of these skills, providing a scale that can measure them, can have many applications. One can teach these skills to prepare people for more effective living. And one can provide remediation for those with deficits in life skills. Those with mental health and behavioral problems may be able to function better if they obtain the basic skills needed to function in society. People from other cultures may be able to function better in mainstream American society if they obtain the basic skills needed for effective functioning.

This paper will provide some background information on the Life Skills research conducted by Dr. Gazda (1981) of the University of Georgia, Dr. Illovsky (Powell, Illovsky, O'Leary, Gazda, 1988) of Western Illinois University, Dr. Pamela Taylor (1991) at the University of Georgia, and others (Darden, 1991). Hopefully, it will generate discussion and you will work with us on this project. Presently, life skills research is being conducted with adolescents and adults.

Background Information

The experience of Gazda and his co-worker, Mildred Powell (1981) with psychiatric patients in a Veterans Administration

---

Michael Illovsky, Ph.D. is an Associate Professor at Western Illinois University, Macomb, Illinois.

hospital led to the awareness that patients frequently lacked basic life skills. They proposed that these skills formed necessary, though not sufficient, conditions for effective therapy to occur. They delineated seven developmental areas that needed to be addressed: psychosocial, physical-sexual, vocational, cognitive, moral, ego, and affect. Principally, they drew from the work of the developmental theorists Erikson (1963, 1974), Havighurst (1972), Tryon and Liliental (1950), Super (1963), Gesell, Ilg, Ames, and Bullis (1977), Piaget (Flavell, 1963; Wadsworth, 1971), Kohlberg and Turiel (1971), Loevinger (1976), and Dupont (1978). Gazda and his associates hypothesized that those with psychological problems could benefit from life skills training to deal with their presenting problems and with the problems of living in general. They further hypothesized that neuroses and functional psychoses frequently result from failure to develop life skills (Kazdin, 1979). A series of studies investigated their hypotheses. These studies have been characterized by empirical approaches. Research, mainly published in dissertations, has been conducted in schools and psychiatric settings.

Brooks (1984) did a dissertation study with the Delphi technique. The theoretical basis of Brooks' research was garnered from the work of Gazda and his associates (Gazda, 1981; Gazda & Brooks, 1980; Gazda, Childers, & Brooks, 1987; & Gazda & Powell, 1981). Brooks' research provided the empirical descriptors for the ideas of Gazda and his associates. He surveyed developmental theorists according to their age group expertise: childhood, adolescence, and adulthood, and obtained a consensus of the basic life skills for each age group. These experts also classified the life skills by generic area (i.e., "families" of related knowledge and skills by age group) which led to a taxonomy of generic life skills. This taxonomy represents what experts in human development consider to be the essential elements for human development in each of the three age groupings—childhood, adolescence, and adulthood. The items are not exhaustive but they are comprehensive in their coverage (Brooks, 1984). Brooks' research resulted in the delineation of four generic life-skills:

1. Interpersonal Communications/Human Relations Skills (IPC/HR).
2. Problem-Solving/Decision-Making Skills (PS/DM).
3. Physical Fitness/Health Maintenance Skills (PF/HM).
4. Identity Development/Purpose in Life Skills (ID/PIL).

Definitions

Life-Skills Training entails introducing information and skills to individuals when they are developmentally ready. These are the rudimentary skills one needs in life. This means training in one or more of the following skills: a) Interpersonal/Relationships, b) Physical Fitness/Health maintenance, c) Purpose/Meaning in life, and d) Problem-Solving/Decision-making.

Life Skills are all those skills and knowledge prerequisite to development of the skills, in addition to the academic 3-R skills, that are necessary for effective living (Gadza, 1981).

Interpersonal Communications/Human Relations Skills are those skills necessary for effective communication, both verbal and non-verbal, leading to ease in establishing relationships; small and large group and community membership and participation; management of interpersonal intimacy; clear expression of ideas and opinions; giving and receiving feedback; and so forth (Brooks, 1984).

Problem-Solving/Decision-Making Skills are those skills necessary for information seeking; information assessment and analysis; problem identification, solution, implementation, and evaluation; goal-setting; systematic planning and forecasting; time management; critical thinking; conflict resolution; and so forth. (Brooks, 1984).

Physical Fitness/Health Maintenance Skills are those skills necessary for motor development and coordination, nutritional maintenance, weight control, physical fitness, athletic participation, physiological aspects of sexuality, stress management, leisure activity selection, and so forth (Brooks, 1984).

Identity Development/Purpose in Life Skills are those skills necessary for ongoing development of personal identity and emotional awareness, including self-monitoring, maintenance of self-esteem, manipulating and accommodating to one's environment, clarifying values, sex-role development, making meaning, morals/values dimensions of sexuality, and so forth (Brooks, 1984).

Psychological Aspects. May (1981; May, Gazda, Powell, & Hauser, 1985), and Powell et al. (1988) researched the hypothesis that those with psychological problems could benefit from life skills training. They investigated the hypothesis that neuroses and functional psychoses frequently result from failure to develop one's life skills (Kazdin, 1979). They found that teaching life skills was effective in treating psychiatric patients. It was found that teaching two life skill components (communications skills and vocational skills) to hospitalized psychiatric patients in a VA hospital was as effective as the treatment currently used in the VA hospital. Patients who had been taught life skills needed less outpatient treatment, had less rehospitalizations, had greater frequencies of employment, and had better communications and relationships with others.

LIFE SKILLS DEVELOPMENTAL SCALE

Illovsky's took Brooks' original items and converted these items into a questionnaire and scale. He tried as much as possible to maintain the meaning, wording, and content of the original items. The present four scales (LSDS) were developed from the 105 adult items delineated in Brooks' research. There are 109 items in the inventory because four items were added as "validity" checks. He surveyed 159 college students who were taking introduction to college life classes. Preliminary norms have been developed for college students, males, females, and "minorities."

The Life Skills Development Scale (LSDS) is designed to give information in four areas of development: Interpersonal Communications/Human Relations Skills, Problem-Solving/Decision-Making Skills, Physical Fitness/Health Maintenance Skills, and Identity Development/Purpose in Life Skills. Each of these four areas deals with developmental problems encountered in adulthood.

In general, the items progress developmentally from early adult tasks to later adult tasks. Therefore many adults can be expected to be able to answer the first few questions at the beginning of each scale. On the other hand, some adults will also be able to accomplish some of the more developmentally advanced tasks on a scale—they may be more mature for their age, or they may have learned the skills necessary to do the task.

Validity and Reliability

In a series of studies, Pamela Taylor (1991) explored the items, validity, and reliability of the Life Skills Development Scale (see Appendix I). As a result of her findings the LSDS was modified to the Life Skills Development Scale-A (LSDS-A). Items were added and dropped. The LSDS originally had 105 adult life skill items, plus four "validity" items (one for each scale) for a total of 109 items. As a result of Pamela Taylor's work the four validity items were dropped because field testing indicated that they did not discriminate between those who were answering honestly and those who were trying to present an overly positive view of themselves. In her research she found no significant differences for gender, age, or family income.

Internal Consistency

The internal consistency, test-retest reliability, mean, and SD of the Physical Fitness/Health Maintenance Skills (PF/HM) scales is being investigated by Pamela Taylor in a dissertation study. The Identity Development/Purpose in Life Skills (ID/PIL) is presently being studied and information on its statistical properties is not available at this time. The following are some preliminary findings of Pamela Taylor's research.

Cronbach's alphas

1. Interpersonal Communications/Human Relations Skills (IPC/HR): .83.
2. Problem-Solving/Decision-Making Skills (PS/DM): .87.
3. Identity Development/Purpose in Life Skills (ID/PIL): .92.

Mean scores and standard deviations

1. Interpersonal Communications/Human Relations Skills (IPC/HR): Mean = 75.15, SD = 8.3.
2. Problem-Solving/Decision-Making Skills (PS/DM): Mean = 82.06, SD = 7.5.
3. Identity Development/Purpose in Life Skills (ID/PIL): Mean = 79.09, SD = 8.7.

Test-retest reliability after a one-week interval was:

1. Interpersonal Communications/Human Relations Skills (IPC/HR): .84 (p◄ .001).
2. Problem-Solving/Decision-Making Skills (PS/DM): .67 (p◄ .01).
3. Identity Development/Purpose in Life Skills (ID/PIL): .76 (p◄ .001).

INTERPRETATION AND DISCUSSION

Presently, the Life Skills scale can be used to identify possible problems in the person's life. With the identification of these problems, the counselor can obtain clearer direction for remedial activities. A preponderance of problems in certain developmental areas may suggest areas for improvement. High scores on particular scales may indicate the person has accomplished the skills necessary for that area.

The proponents of this inventory believe that once deficits are delineated by the scales, effective remediation can take the form of teaching the deficient skills, and these skills can be taught in groups.

Examples of possible uses and interpretations of patterns between and within the four developmental areas of the scales include the following. If the respondent can only accomplish tasks in the beginning of the scale, then the person may have deficient skills. If the respondent can accomplish tasks beyond his or her age group, the person may be advanced for his or her age. In both cases this might indicate that there is dissonance between the individual and his or her age group. If the individual can accomplish more advanced tasks on a scale but cannot accomplish the more rudimentary developmental tasks at the beginning of the scale, then there may be problems with the validity of the responses (e.g., the respondent is "lying" or lacks the ability to give accurate responses). Those scoring low on the Identity Development/Purpose in Life scale can probably benefit from counseling that will help them get a better understanding of themselves. Those who lack Problem Solving/Decision Making Skills might do better in more structured situations, instead of being placed in decision making situations. Those who lack Interpersonal Communications/Human Relations Skills might do better at tasks that do not involve a great deal of social contact. Such persons may also feel frustrated and misunderstood, and may have feelings of isolation.

Theoretically, Life Skills research raises some interesting questions: are there life skills; if so, what are they? If this line of research has any validity then there are important practical strategies for helping many populations. We hope you will join us in gathering data in this endeavor. For more information, contact Dr. George Gazda at the Counselor Education Dept., Aderhold, University of Georgia, Athens, GA 30602. Or contact Dr. Illovsky, Counseling Center, Western Illinois University, Macomb, IL 61455.

REFERENCES

Brooks, D. K. (1984). *A life-skills taxonomy: Defining elements of effective functioning through the use of the Delphi technique.* Unpublished doctoral dissertation, The University of Georgia, Athens.

Darden, C. (1991). *Evidence of validity of the Life-skills development scale—Adolescent form—and the constructs of the Life-skills model.* Unpublished doctoral dissertaion, University of Georgia, Athens.

Dupont, H. (1978). "Affective development: Stages and sequence." In R. L. Mosher (Ed.), *Adolescents' development and education* (pp. 163-183). Berkeley: McCutchan.

Erikson, E. (1963). *Childhood and society* (2nd ed.). New York: W. W. Norton.

Erikson, E. (1974). *Dimensions of new identity.* New York: W. W. Norton.

Flavell, J. H. (1963). *The developmental psychology of Jean Piaget.* Princeton, NJ: D. Van Nostrand.

Gazda, G. M. (1981). "Multiple impact training." In R. J. Corsini (Ed.), *Innovative psychotherapies* (pp. 525-533). New York: Wiley & Sons.

Gazda, G. M., & Brooks, D. K. (1980). "Life-skills training: A comprehensive approach to developmental intervention." *Journal of Specialists in Group Work, 5,* 120-126.

Gazda, G. M., Childers, W. C., & Brooks, D. K. (1987). *Foundations of counseling and human services.* New York: McGraw-Hill.

Gazda, G. M. & Powell, M. (1981). "Multiple impact training." In G. M. Gazda (Ed.), *Innovations to group psychotherapy* (pp. 272-294). Springfield, IL: C. C. Thomas.

Gesell, A., Ilg, F. L., Ames, L. B., & Bullis, G. E. (1977). *The child from five to ten* (rev. ed.). New York: Harper & Row.

Havighurst, R. J. (1972). *Developmental tasks and education* (3rd Ed.). New York: David McKay.

Kazdin, A. G. (1979). "Sociological factors in psychopathology." In A. S. Bellack & M. Hersen (Eds.), *Research and practice in social skills training* (pp. 41-73). New York: Plenum Press.

Kohlberg, L., & Turiel, P. (1971). "Moral development and moral education." In G. Lesser (Ed.), *Psychology and educational practice* (pp. 410-465). New York: Scott Foresman.

Loevinger, J. (1976). *Ego development: Conceptions and theories.* San Francisco: Jossey-Bass.

May, H. (1981). *The effects of life-skills training versus current psychiatric methods on therapeutic outcome in psychiatric patients.* Unpublished doctoral dissertation. University of Georgia, Athens.

May, H., Gazda, G., Powell, M., & Hauser, G. (1985). "Life skills training as a mental health treatment." *Journal of Clinical Psychology, 41* (3), p. 359-367).

Powell, M., Illovsky, M., O'Leary, W., & Gazda, G. M. (1988). "Life skills training with hospitalized psychiatric patients." *International Journal of Group Psychotherapy, 38* (1).

Super, D. E. (1963). "Vocational development in adolescence and early childhood: Tasks and behaviors." In D. E. Super, (Ed.), *Career development: Self-concept theory* (pp. 79-93). New York: College Entrance Examination Board.

Taylor, P. (1991). *A prospectus for a study entitled: Evidence of the validity of the Life-skills inventory—Adult form.* Athens: Dept. of Counseling, University of Georgia.

Tryon, C., & Lilienthal, J. W. (1950). "Developmental tasks: I. The concept and its importance." In *Fostering mental health in our schools: 1950 Yearbook of ASCD.* Washington, D.C.: Association for Supervision and Curriculum Development.

Wadsworth, B. J. (1971). *Piaget's theory of cognitive development* (2nd ed.). New York: Longman.

APPENDIX I

The Four Life Skills Scales:

1. Interpersonal Communications/Human Relations Skills (IPC/HR).
2. Problem-Solving/Decision-Making Skills (PS/DM).
3. Physical Fitness/Health Maintenance Skills (PF/HM).
4. Identity Development/Purpose in Life Skills (ID/PIL).

The modified LSDS-A now has 97 items and the items in each of the four scales are now more balanced than the original version. The LSI-A scale uses a four-point Likert scale to indicate the degree to which they agree or disagree with an item. Higher scores indicate higher levels of development.

A. The Interpersonal Communications/Human Relations Skills (IPC/HR) has 22 items, with a range of possible scores from 22-88.

B. The Problem-Solving/Decision-Making Skills (PS/DM) scale has 25 items, with a range of scores from 25-100.

C. The Identity Development/Purpose in Life Skills (ID/PIL) scale has 24, with a range of scores from 24-96.

D. Physical Fitness/Health Maintenance Skills (PF/HM) scale has 26 items, with a range of scores from 26-104.

QUARTERLY EDITORIAL BOARD MEMBERS NEEDED

THE QUARTERLY NEEDS EDITORIAL BOARD MEMBERS.
THIS IS A THREE YEAR APPOINTMENT.
THE APPOINTMENT BEGINS THIS SUMMER.

QUALIFICATIONS:

WILLINGNESS TO WRITE COMMENTS IN MANUSCRIPTS TO HELP AUTHORS.

WILLINGNESS TO RETURN

MANUSCRIPTS ON TIME.

ABILITY TO ANALYZE MANUSCRIPTS.

KNOWLEDGE OF APA FORMAT.

INTERESTED PERSONS SEND VITAE TO:

Editor (Dr. Illovsky)
Quarterly
Counseling Center
Western Illinois University
Macomb, IL 61455

"A Model for Grief Counseling: Combining the Ideals of Robert Carkhuff and Colin Parkes"

Nan J. Giblin

The purpose of this paper is to combine the humanistic counseling model of Robert Carkhuff with Colin Parkes' approach to understanding the grieving client. The combination of these two models provides the counselor with a practical approach to treating the grieving client. Four stages of grieving are discussed and appropriate techniques are suggested for counselors who are helping their clients to work through various stages of loss and accompanying symptomatology.

During the 1960's, helping professionals became increasingly interested in the grieving process and in helping the grieving client. Landmark research in this area had been done earlier by Lindemann (1944) who studied the survivors of the Coconut Grove fire. Several researchers such as Bowlby (1980), Kubler-Ross (1969), Parkes (1972), Ramsay (1977), and Worden (1982) added to the body of knowledge in this area.

Also in the 1960's Robert Carkhuff (1969) emerged as a leader of a group of psychologists and other educators who were strong advocates of a movement which Carkhuff named Militant Humanism. The term "militant" implies demanding one's humanism and actively fighting for it (Carkhuff, 1969). Humanism, as used by Carkhuff, connotes more than Maslow's (1970) self-actualization or Rogers' (1961) fully functioning person because it adds the dimension of human rights. This new humanism has many facets, but can be summarized as understanding the three worlds of each person: the physical world, emotional world, and the intellectual world and acting upon one's understanding of these worlds (Carkhuff, 1969).

The purpose of this paper is to combine the holistic model of Robert Carkhuff and Parkes' model for understanding the grieving client in order to provide the counselor with a practical approach

---

Nan J. Giblin, Ph.D. is an Associate Professor & Chairperson in the Department of Counselor Education at Northeastern Illinois University, Chicago, Illinois.

to treating the grieving client. This paper will propose various treatment techniques based on the symptomatic presentation of the grieving client.

ROBERT CARKHUFF'S THEORY

Three propositions outline Carkhuff's thinking. These propositions, which have numerous corollaries, are outlined in his two volume work, *Helping and Human Relations: A Primer for Lay and Professional Helpers* (1969). Proposition I states that physical, emotional, and intellectual growth are measured by an actual increase in ability. Conversely, deterioration is a decrease in ability. Each day a person either moves forward toward a more meaningful and constructive life or deteriorates and moves toward an existential vacuum (Frankl, 1959) which is similar to an intellectual or an emotional death. Further, it is speculated by many that a negative or deteriorating mental attitude can also contribute to one's physical decline (Carkhuff, 1969; Frankl, 1959; Siegel, 1986). Therefore, in order to effectively help a person, a counselor must be aware of all three worlds of the client (physical, emotional, and intellectual) and must support the client's development in all three of these interdependent areas (Carkhuff, 1969; Carkhuff & Berenson, 1977).

Proposition II states that growth in the three worlds of the physical, the emotional, and the intellectual is dependent upon all of one's interpersonal relationships (Carkhuff, 1969). According to Carkhuff (1969), counselors cannot understand their clients unless they are familiar with the client's interpersonal systems and the environmental conditions which surround them.

An important corollary of Proposition II is that the level of functioning of the first person has a direct effect on the level of functioning of both the first and second person. Carkhuff strongly believes that counselors must be whole people or they will have no effect or else a detrimental effect upon the people whom they are counseling. In this area of counselor effectiveness, Carkhuff has made a significant contribution to the field of counseling because he has not only stressed counselor fitness, but he has added empirical means of rating counselors on their ability to understand and to act in the three worlds. After many studies Carkhuff concluded, "There is little evidence to indicate that persons in professional trainee programs are being trained to function effectively on any dimensions related to constructive client change over long periods of training'' (Carkhuff, 1969, p. 5). In some instances, lay training seems to be more effective than professional graduate programs (Carkhuff, 1969).

A second corollary of Proposition II emphasizes that a counselor must take into account the level of functioning of significant others of the client. Counselors functioning at a high level can have their effectiveness diminished if their clients' families have low level functioning abilities; therefore one could conclude that family therapy may often be a necessary part of treating the individual.

Proposition III states that, ``The physical, emotional and intellectual effects of facilitative or retarding experiences at crisis points are cumulative'' (Carkhuff, 1969, p. 27). That is to say, people grow or deteriorate at points of crisis in their lives. Each time people respond constructively to a crisis they grow and increase the probability that they will again respond constructively the next time that they confront a crisis situation. The converse is true. If people respond destructively at crisis points in their lives, they will probably respond more destructively the next time. Thus, we can predict how a person will react during a crisis if we have knowledge of the person's past experience. We can also assume that learning occurs when a person meets a crisis. A crisis can be a time of growth or a time of deterioration. Through teaching, people can be taught how to deal more constructively with their crises (Gilliland & James, 1988).

Also, physical growth has a positive effect on emotional and intellectual growth. For example, a great deal of current research focuses on how exercise (physical world) can improve one's self-esteem (emotional world) (Gleser & Mendelberg, 1990). In short, growth or deterioration in one of these areas influences growth in the other two worlds.

From the non-directive theorists Carkhuff has adopted the importance of establishing a good interpersonal relationship between the counselor and the client. Counselor fitness and empathy are necessary for any therapeutic relationship. Carkhuff's description of the whole person has overtones of a combination of Maslow's self-actualized person and Rogers' fully functioning person. These non-directive approaches facilitate the understanding part of the counselor's role.

To implement the action phase of counseling, Carkhuff turns to Behavior Modification techniques. He considers counseling and psychotherapy to be aspects of interpersonal learning and relearning. Thus he uses such techniques as modeling, shaping, and information giving (Truax & Carkhuff, 1967). Carkhuff has greatly contributed to counseling by empirically evaluating the effectiveness of specific counseling techniques. Use of techniques will be discussed in greater detail in a later section of this paper.

COLIN PARKES' MODEL FOR GRIEF COUNSELING

Parkes (1972) describes a four-stage model of grieving which was greatly influenced by Bowlby (1960, 1980). Parkes delineates the following stages: numbing, yearning and searching, disorganization and despair, and recovery. In each of these four stages, a grieving person presents different symptomatic behavior. Although the stages of grieving generally occur in the above order, the mourner may move back and forth between phases.

Stage one, numbness, is a state of alarm characterized by shock and disbelief (Glick, Weiss, and Parkes, 1974). Psychosomatic distress is common including rapid heartbeat, dryness of mouth, and a general increase in tension. Eighteen of twenty-two widows in Parkes' study felt restless during the first month of bereavement, a restlessness which might approach panic. Seventeen of the twenty-two lost weight (Parkes, 1972). There was also a lack of ability to concentrate that made the completion of normal tasks impossible (Glick, et al., 1974). Helpers were often needed to complete routine work such as care of children or preparing meals.

Stage two, yearning and searching, is characterized by pining: "a persistent and obtrusive wish for the person who is gone, a preoccupation with thoughts that can only give pain" (Parkes, 1972, p. 40). There is an urge to search for the lost one. Symptoms include tension, restlessness, preoccupation with thoughts of the lost person, development of a perceptual set for that person, and loss of interest in personal appearance and normal activities.

In the third stage, disorganization and despair, the survivor tries to lessen the pain. The most common method is "the maintenance of a feeling or an impression that the bereaved person is nearby although he can't be seen or heard" (Parkes, 1972, p. 57). There is an avoidance of painful thoughts as well as avoidance of people and situations which will offer a remembrance that the person is dead. This includes a suppression of sexual desire (Glick, et al., 1974). Pain is also avoided by keeping oneself so immersed in work that thinking is impossible. Depression often occurs at this stage.

Recovery is the fourth stage in which physical, emotional and intellectual activity begin to return. The preoccupation with the deceased decreases and new interests supplant the old (Glick, et al., 1974).

GRIEF COUNSELING BASED ON CARKHUFF'S THEORY

Carkhuff has not written specifically on the subject of death and grief counseling; however, much of what he has written could be applied to this area of counseling.

Death as envisioned by Carkhuff is a choice we make every day. People who function at a low level, "populate our everyday world...counselors as well as patients, students as well as teachers—searching for help yet rejecting it, seeking light yet preferring darkness, crying for life yet choosing death" (Carkhuff, 1969, p. 22). This quotation uses the term "death" loosely, but it does reflect Carkhuff's idea of death. Death is the end of our ability to be human and the end of our ability to make choices which cause growth. Death is total deterioration in a physical, emotional, and intellectual sense. Carkhuff would agree with Norman Vincent Peale (1984) when he says that the only people who don't have problems are in Forest Lawn Cemetery and then facetiously adds that the more problems you have the more alive you are. Carkhuff would add that the more crises situation (problems) one works through, the more one grows and is prepared to act wisely in future crises (Carkhuff, 1969).

We have no control over our own birth or our ultimate death, but we do have the ability to choose life every day while we are on this earth. For example, people who have just lost their jobs and have no prospects of employment can still make the decision to analyze and to act upon their problems, thus choosing life. The end of life is a natural event as is birth. Death is an inevitability and should not be met with fear because by fearing we diminish our ability to enjoy life.

The death of a loved one presents a crisis for the bereaved. A crisis is always a time for growth or deterioration and bereavement is no exception (Carkhuff, 1969). The problems presented by the death must be met as they appear. The first problems when the person is in a state of shock and disbelief (Parkes, 1972) would be those of meeting the physical needs of the bereaved person (see Table 1). Helpers should be careful to see that the person gets rest and eats as well as possible. It is important that physical needs

TABLE 1

Integration of Carkhuff's Counseling Model and Parkes' Grief Model

Physical Growth
Basic Interactions
Exercise
Proper Nutrition

Emotional Growth
Responding
Attending

Intellectual Growth
Goal Planning
Planning
Acting
Recycling
Effectiveness

Stage 1
Shock and
Disbelief

Stage 2
Yearning and
Searching

Stage 3
Depression

Merging
Reality with
Intellectual
Understanding

Understanding
the Cosmos

Stage 4
Reorganization

are met because this will facilitate the meeting of emotional and intellectual needs which emerge in the grieving person. Rest and proper nutrition will make the emotional trauma of the death easier to handle and the intellectual process of accepting the reality of the death more viable. Society has long recognized this need which is satisfied by the tradition of bringing food to a home where a person has recently died. If the bereaved person is willing and physically able, exercise should be encouraged. According to Carkhuff, physical well-being is essential to emotional and intellectual growth. Any physical activity such as taking a walk may be helpful.

Parkes' second stage of yearning and searching is compatible with Carkhuff's description of emotional growth. During yearning and searching the bereaved people attempt to merge their emotional perception of what has happened with the reality of the loss. If bereaved people are able to make this merger they grow toward emotional maturity. The converse of this situation is the failure to merge reality with perception resulting in deterioration typified by emotional decline.

Parkes' third stage of grief, mitigation, presents problems of merging reality with an intellectual understanding. Grieving people ask questions such as, "Why did this happen to me?" Carkhuff's stage of emotional growth also seems to apply here. The bereaved must come to some resolution about the meaning of the loss.

When grieving people are ready for reorganization (Parkes' fourth stage), then the counselor becomes a teacher of goal setting and problem solving skills (Carkhuff, 1973). If necessary the counselor can teach basic interaction skills such as organizing simple household tasks or getting into regular exercise or proper eating habits. The counselor can also teach grieving families how to communicate better with each other.

When a grieving client comes to the counselor, the counselor would first establish rapport with the client, and during the first sessions the counselor would evaluate the client's progress through the grieving process. Once the counselor had determined the needs of the helpee, the appropriate techniques for helping this client could be determined (see Table 2). For example, a helpee in the first stage of shock and disbelief would need attending and responding skills so that the helpee could explore feelings and actualize the loss (Worden, 1982). As stated above, attending to the helpee's physical needs would also be very important.

During searching and yearning, attending and responding are still important, but personalizing is also necessary because the helpee needs to come to an emotional understanding of the loss. During disorganization and despair, attending, responding and personalizing are also important because at this time understanding must go deeper because the helpee must come to an intellectual understanding of the loss. During reorganization the initiating skills are very important because at this time plans are made for the future. This includes goal setting, planning, acting, evaluation, and refining plans. Carkhuff would use any technique which would change behavior and create a growth experience.

The dynamics of change in this model are simple. Life presents a series of crises, which typically result in grief, including deaths

TABLE 2.

Counseling Techniques Used in Stages of Grieving

Stages of Grieving	Techniques
Shock	Listening (especially to details of loss) Attend to physical needs Medication if mutually indicated Helping bereaved to plan funeral
Searching & Yearning	Behavior modification techniques (e.g., extinction) Instruction Groups Systematic desensitization Self-education Listening (especially about stories of the deceased)
Support for Searching Activities	Looking at old photos Activities aimed at expression of anger and guilt Writing letters to the deceased Visiting the cemetery
Depression	Thought stopping Role playing Positive reinforcement Journaling Art therapy Dance therapy Music therapies Exploring possible meanings of life
Reorganization	Daily goal setting Short-term goal setting Long-term goal setting Joining special interest groups such as a photography class Attending classes

of loved ones and other losses such as divorce, job loss, illness, and aging. At these crisis points one grows toward wholeness or deteriorates. Specifically applied to grief counseling, a loss should be a time of growth. At the time of the loss, the counselor can help the client through the previously described process to come out a better, more whole person. Of course, people who have experienced a major loss are never again the same people as they were before the loss. They may be stronger or weaker people, but they are somehow changed forever.

The shortcomings of the theory applied to grief counseling center around the helplessness that accompanies grief. Situations which produce grief are often things that are not under the control of the bereaved. As Kubler-Ross states, "One of the most painful components of mourning and grief is the bereaved's feeling of helplessness" (Kubler-Ross, 1969, p. 187). Carkhuff stresses choice, decision, and pulling oneself together. This attitude may be difficult for a bereaved person to adopt when in the grip of despair. This could be overcome through an understanding by the counselor of the grief process itself. Failure to recognize the helplessness and lack of self-confidence in the grieving client would most likely cause the client to leave therapy prematurely.

A successful grief counseling outcome would result in a person who is able to function well and to accept the loss on both an emotional and an intellectual level. Clients who have been successfully treated would be able to accept the loss as an opportunity for change. Further, grief counselors will know that their clients have successfully resolved their grief when they are able to talk of the deceased as a complete person with both good and bad traits (Worden, 1982). They can discuss the faults and the strengths of the departed and neither venerate or vilify the deceased. The clients will be able to talk of the deceased without sobbing although they may shed some tears for many years. Gradually the client comes to see the deceased as a person who has left them physically, but still is with them as a part of their own personality. In other words, most bereaved people come to see how they have integrated positive characteristics of the deceased loved ones into their own personalities and have been left with pleasant memories which cannot be taken from them. The exception to this rule are survivors of physical or emotional abuse when the abuser has died. In these cases, resolution of grief, for the survivors is an acceptance that they were not responsible for the abuse, that they are mourning the loving parent (in many cases) that they never had, and that they no longer need to function as victims.

In short, Carkhuff's framework for counseling is a holistic model of counseling which, when combined with an understanding of the grieving process, such as a model provided by Parkes, can provide a useful theory for the grief counselor. Controlled studies to test this approach are needed.

REFERENCES

Bowlby, J. (1960). "Grief and mourning in infancy." *Psycho-analytic Study of the Child, 15,* 9.

Bowlby, J. (1980). *Attachment and loss: Loss, sadness, and depression (Vol. III).* New York: Basic Books.

Carkhuff, R. R. (1969). *Helping and human relations: A primer for lay and professional helpers (Vol. 1).* New York: Holt.

Carkhuff, R. R. (1973). *The art of problem solving: A guide for developing problem-solving skills for parents, teachers, counselors, and administrators.* Amherst, MA: Human Resources Development Press.

Carkhuff, R. R. & Berenson, B. G. (1977). *Beyond counseling and therapy.* New York: Holt.

Frankl, V. E. (1959). *Man's search for meaning.* New York: Pocket Press.

Gilliland, B. E., & James, R. K. (1988). *Crisis intervention strategies.* Pacific Grove, CA: Brooks/Cole.

Gleser, J., & Mendelberg, H. (1990). "Exercise and sport in mental health: A review of the literature." *Israel Journal of Psychiatry and Related Sciences, 27,* 99-112.

Glick, I. O., Weiss, R. S., & Parkes, C. M. (1974). *The first year of bereavement.* New York: John Wiley and Sons.

Kubler-Ross, E. (1969). *On death and dying.* New York: MacMillan Company.

Lindemann, E. (1944). "Symptomatology and management of acute grief." *American Journal of Psychiatry, 101,* 141-148.

Maslow, A. (1970). *Motivation and personality* (2nd Ed.). New York: Harper & Row.

Parkes, C. M. (1972). *Bereavement: Studies of grief in adult life.* New York: International Universities Press.

Peale, N. (1984). *The power of positive thinking.* New York: Walker.

Ramsay, R. W. (1977). "Behavioral approaches to bereavement." *Behavior Research Therapy, 15* (2), 131-135.

Rogers, C. R. (1961). *On becoming a person.* Boston: Houghton Mifflin.

Siegel, B. (1986). *Love, medicine, and miracles.* New York: Harper & Row.

Truax, C. B. & Carkhuff, R. R. (1967). *Toward effective counseling and psychotherapy.* Chicago: Aldine Publishing Co.

Worden, W. (1982). *Grief counseling and grief therapy.* New York: Springer Publishing Company.

Illinois Association for Counseling and Development
QUARTERLY
GUIDELINES FOR CONTRIBUTORS

IACD'S *Quarterly* invites contributions that are of interest to counselors at all levels in Illinois. Please use the following guidelines.

1. Send four copies of all materials. Generally, manuscripts should not exceed 3,500 words (approximately 15 pages typewritten and double-spaced).
2. Article titles are not to exceed 50 letters and spaces.
3. Be sure to include an abstract (150 words maximum) of manuscripts and lengthy material. The abstract should be a brief, informative summary.
4. Materials are to be well-organized and concise so that the development of ideas is logical. Avoid dull, stereotyped writing and aim to communicate ideas interestingly and clearly.
5. Avoid footnotes.
6. Double-space all materials, including references.
7. Author's names with position, title, and place of employment are to appear only on the cover page.
8. All aspects of manuscript preparation (references, tables, margins, abstract, etc.) are to follow the style described in the *Publication Manual of the American Psychological Association* (3rd ed.). The manual may be purchased from APA (1200 17th Street, Washington, DC 20036).
9. Never submit material that is under consideration by another periodical.
10. Avoid the use of generic masculine pronoun and sexist and racist terminology.
11. Ethical principles are to be followed in work with humans and animals.
12. **Submit materials to: M. Illovsky, Ph.D.,** IACD Quarterly, Counseling Center / Memorial Hall, Western Illinois University, Macomb, IL 61455.

Usually manuscripts are reviewed by three Editorial Board members. These are blind reviews, which means the reviewers and authors are not identified to each other. Allow three months for manuscripts to be returned after being submitted.

Manuscripts are reviewed and evaluated by the *Quarterly* Editorial Board members. The author is responsible for the proofing of the original and revised manuscripts.

Career Indecision: Methods for Identification

Bradford W. Carroll

Making a post high school career decision is a complex process. Given a rapidly changing world economy, selecting a career will require flexibility, transferability of skills and self-knowledge. This article reviews the literature on career indecision with emphasis on career decision making as a life-long developmental process rather than a fixed event. Holland's Vocational Preference Inventory (VPI) is offered as a screening instrument to identify undecided students and specific materials and suggestions made for career exploration groups. Other instruments to identify undecided students are also suggested. This process would be applicable to high school juniors and seniors or college freshmen.

John, an engineer, received his degree five years ago and is still pleased with the career choice made in junior high. After working in a hospital for three years, Iris is satisfied about following through on her lifelong desire to be a nurse. Sarah believes her choice of an actuarial career will best utilize her math skills. These exceptional examples focus on careers that lend themselves to early decision. However, uncertainty prevails among the vast majority of students who are interested in the arts, sciences, and technologies. It is difficult to convince counselees that career decisions are not irrevocable.

To anyone who is in a period of transition, choosing a college or finding a full-time occupation are major challenges. In all cases, basic career decisions need to be evaluated and implemented.

This article will review the literature on the characteristics of career indecision and make suggestions for the use of a screening instrument that will help identify undecided high school juniors and seniors. Additional publications and inventories are offered that have been used to establish career exploration groups. The article's central focus is intended to help young people gain more self knowledge and visualize career choice as a life-span process.

Bradford W. Carroll, Ph.D., is an Assistant Professor in the Department of Counselor Education and Human Services at Central Connecticut State University, New Britain, Connecticut.

CAREER CHOICE— A LIFELONG DEVELOPMENTAL PROCESS

Vondracek and Schulenberg (1986) indicate that the career decision-making process was formerly viewed as brief and irreversible. They suggest a developmental-contextual approach where career counseling would intervene sequentially across the entire life-span of the individual. Therefore, the most productive position for young people is to acquire self-knowledge, the ability to transfer skills, and an open-informative understanding of the work place. It must be realized that career decision-making is a lifelong process rather than a staid or fixed event and that it is acceptable to be undecided.

Young people will need to make many decisions in their lives. A decision-making model in which to place self-knowledge will be usable in all future choices. Self-knowledge would include awareness of one's interests; skills/aptitudes; abilities, values, and personality style. Even in initial, tentative choices the crucial factor is the correlation of one's personal needs and talents with a realization that occupations also require a unique pattern of abilities and personality traits.

Factors such as mergers, a highly competitive international economy, the democratization of Eastern Europe, a shrinking tax base, etc. are dramatically reshaping the world of business, technology and helping services. Thus, unfortunately there will be even more pressure to make a personal career decision at a time when one needs to be most flexible, capable of self insight and able to transfer one's skills.

CHARACTERISTICS OF CAREER INDECISION

There appears to be a range of factors that can be correlated with career indecision. Anxiety is one factor which researchers have found to relate consistently to this process (Fuqua, Seaworth & Newman, 1987; Hawkins, Bradley, & White, 1977; Kimes & Trough, 1974; O'Hare & Tamburri, 1986). Additional factors include, external locus of control (Taylor, 1982); problems in self perception (Fuqua & Hartman, 1983; Holland & Holland, 1977). Further research has suggested that indecision can also be related to measured career interests (Baird, 1969; Elton & Rose, 1970) and ability levels (Crites, 1969; Hollender, 1971; Rogers & Westbrook, 1983; Taylor & Betz, 1983). Thus it is clear that career indecision is a complex phenomenon with diverse dimensions.

Elton and Rose (1970) found a major discrepancy in the retention rates of vocationally decided and undecided college freshmen. Only 17% of undecided freshmen persisted until graduation, in contrast to 43% who proposed a career commitment even though that commitment might have undergone a later change. Grites (1981) states that it is no surprise that undecided students tend to leave college, particularly after their freshman year, more readily than those who have made even a tentative choice of major. It would appear that moving from decidedness to doubtfulness and then to another area appears to be a more stabilizing process than having no initial direction at all. Literature appears non-existent on undecided students who leave college and would be a valuable area for research.

Other researchers have reinforced this period of late adolescence as marked by much uncertainty. Titley and Titley (1980) found that 74% of entering freshmen indicated some form of indecision or tentativeness about selecting a major. Gelso and Sims (1968) found that 21% of students changed from one specific major to another between the time they completed their applications and the time they first registered for classes. If those who indicated "undecided" on their applications were included, almost 39% made a change.

UNDECIDED OR INDECISIVE

A major distinction has been made between being undecided and being indecisive about a career. The former may represent a normal developmental sequence and the latter could suggest a more chronic condition (Crites, 1974; Holland & Holland, 1977; Salomone, 1982). In fact, Salomone (1982) believes that undecided and indecisive are adjectives that should probably be assigned to different people. While it is possible to be both decided and decisive, it is also possible to be undecided and yet of a decisive nature. He feels that labelling anyone under the age of 25 years as indecisive is potentially a very serious mistake.

From a developmental counseling perspective, since people develop emotionally, physically and socially at varied rates, so young people also develop vocationally in vastly different ways and at substantially different rates. Vondracek and Schulenberg (1986) reinforce this idea in stating that "...in Western culture, vocational and career development are as much a part of human development as moral and cognitive development" (p. 248).

Grites (1983) is adamant about acknowledging the difference between being undecided and choosing to be "undecided". He feels that the informed choice to be "undecided", is to close no career options for yourself, and to enter college or the workplace with an open mind; it is hardly a manifestation of anxiety. The healthy, positive developmental choice to label oneself "undecided" in order to take advantage of the total college or work experience is favored by Grites. Others have reached similar conclusions (Akenson & Beecher, 1967; Titley & Titley, 1980).

Gordon (1981) stressed this very point in indicating the importance of conveying to students the acceptability of indecision and, although she concluded that anxiety was a prime differentiator of chronically undecided individuals, the idea of accepting indecision as an okay process appears to be central in helping those unable to choose a career. Thus this writer would want students to make cognizant choices to be undecided rather than seeing indecision as unacceptable and unhealthy.

In order to help young people live with this uncertainty, counselors could point out to students the strength of their situation. They have more in common with their decided peers and are no less mature emotionally and socially or less able academically. The term indecisive should be avoided as it may have a negative and broader personality connotation than the word undecided. Undecided should then be viewed as an event in time rather than a permanent condition. Further, in choosing to be undecided, students are open to experiencing a variety of career options rather than narrowing their choices prematurely without adequate life experiences.

TYPES OF INDECISION

It would appear that there are different types of indecision. Hartman, Fuqua and Blum (1985) offer a most interesting theory. They differentiate between developmental indecision and chronic indecision. They suggest that being developmentally undecided is simply lacking appropriate decision-making skills and also that the treatment of choice could include interest testing, self-exploration and exposure to career information. Chronic indecision is more serious and has its origins in trait anxiety. The trait-anxious person has developed a poor sense of identity, is externally controlled and perceives a range of situations and choices as threatening. It is further indicated that treatment of the latter would be longer term, require more extensive assessment data and could include a range of counseling and psychotherapy techniques.

Thus, it would appear that there is a growing body of evidence to suggest that career indecision is a complex and multidimensional phenomenon and that interventions need to be more individualized (Newman, Fuqua and Seaworth, 1989). Sepich (1987) states: "The bulk of evidence points to a variety of personality correlates of career indecisions, but few studies have replicated these findings." (p. 12). This concept is in the initial stages of discussion and clear diagnostic criteria and treatment methods are areas for future research.

Sepich (1987) summarizes this thinking in stating:

> Indecision should be viewed on a continuum...In the past, investigators have collapsed all types of undecided individuals into a generic group and thereby have muddled the distinct needs and attributes of each type... we need to pay attention to these individual difference variables in order to more accurately tailor our career interventions...In many ways we have made little progress in learning what occurs during an intervention that changes a person's career indecision...we know almost nothing about how a person changes in the direction of increasing decisiveness (p. 19-21).

The following discussion will offer a model to identify undecided students and suggest a remediation process.

IDENTIFICATION—HOLLAND'S VOCATIONAL PREFERENCE INVENTORY (VPI)

John Holland's (1985) typology model and concept of differentiation can be useful in helping identify students who are undecided. It is suitable for a developmental, life-span model as it offers a framework for individuals to organize knowledge about self and careers. Holland (1985) suggests that the choice of an occupation is an expressive act which reflects a person's motivation and personality pattern. Using the Vocational Preference Inventory (VPI), developed by Holland (1977), individuals are provided with a profile of their relationship to its six well-known personality types plus other interesting dimensions. The VPI requires the student to give a yes/no response to 160 occupations, can be administered to large groups, is inexpensive and quickly scored. It is not as cumbersome to use as the Self Directed Search (SDS).

The VPI, along with the hexagonal model (Holland, 1985), provides a framework in which to understand the world of work and specific occupations as well as to discuss the interaction of the various types to see how careers are both similar and different from the perspective of values, aptitudes, abilities and personality.

Some individuals are clearly defined or differentiated and resemble a single type with little resemblance to the others. However, individuals who do not show preferences for any type can be labelled undifferentiated, poorly defined, or flat. According to Holland (1985), the undifferentiated or poorly defined group will be unstable vocationally, may have lower academic achievement, and be less able to persist toward a set goal than those that are clearly defined. Therefore, it is his position that lack of clear differentiation and indecision is not a healthy concept. This writer is not using the VPI within the same context and other studies have not always replicated these findings (Holland, 1985).

SUGGESTIONS FOR REMEDIATION

As students acquire more self-knowledge, these places of information can be integrated into a personal information profile using the same Holland framework. This process can also lead into a discussion of work environments. For example, how an accounting department in a firm with its emphasis on objective factual data would create a different environment than a human resource or sales department in the same company with emphasis on personal interaction.

The following are specific suggestions for use of the VPI plus additional resources that can be used to help students assess their personality style and measure their functional skills based on the Holland typology. Initially, the VPI could be given to all junior and/or senior English classes. Counselors could select only those students who had flat, undifferentiated profiles and conduct small group (n = 10-15) sessions of 4 to 6 meetings. Any group presentation should be prefaced with a discussion of the concept of indecision and uncertainty as an appropriate developmental process. This presentation could lead to a description and discussion of the 6 types with emphasis on the fact that each type has a unique pattern of attitudes and skills for dealing with the world that go beyond mere choices of occupation but include hobbies, social contexts and general life style choices (Holland, 1985).

Next students could assign a value of 1 to 10 to each of the types to establish some initial sense of differentiation. School systems that utilize the Strong-Campbell Interest Inventory could review profiles and identify those with little direction as this instrument also uses the Holland format. Suggestions for assessment of personality and functional skills follow.

Holland (1977) stated, "the choice of an occupation is an expressive act which reflects the person's motivation, knowledge, personality and ability. Occupations represent a way of life, an environment rather than a set of isolated work functions or skills" (p. 5). Therefore, although Holland's model is used in the context of measuring interests, he feels occupational choice is more a reflection of personality.

Michelozzi (1984) presents a comprehensive chapter on needs, wants and values plus a "Personality Mosaic" which is a 90 question self-scored inventory. This Mosaic also converts to Holland's types and allows students to see how personality factors relate to careers. Using Mosaic results and Holland's hexagon concept, counselors could have six students each role play a given personality type. The group could discuss an issue (like lowering taxes) with each person taking a position based on the needs of that type. Regarding the tax example, the social type may be concerned with job loss; the investigative with the need to do some fact-finding; the enterprising would see this as good for business, etc. The goal would be to help students understand that personality style can facilitate a good career decision, improve human relationships and ease acceptance of the choices others make. Another important component to a student's personal information profile is skills analysis.

Mencke and Hummel (1984) offer an excellent model for a self-analysis of functional skills derived from a systematic review of a student's life experiences. These include extracurricular activities, part-time work, athletics, hobbies, special talents, travel, volunteer work, etc. and converts the same into the Holland typology. Intended for college freshmen, it is easily adaptable for high school students. This process will request students to concretely analyze their daily activities whether it be traditional band, drama and yearbook tasks or playing video games, fixing a car engine or taking a yoga class. Analyzing these skills provides students with a picture of how they have chosen to use their time and can be a rich source of often neglected insight into oneself. This process allows students to see the transferability of leisure activities into functional workplace skills that require leadership, mechanical, artistic, organizational and problem-solving abilities.

Therefore with the VPI used as a screening instrument for interests, Michelozzi's Personality Mosaic and Mencke and Hummel's functional skills analysis, counselors could provide students with a cost effective model to supplement an existing testing program or establish career-exploration groups. This would create a foundation of self-knowledge leading toward envisioning career decision-making as a process rather than an event in time. The intention is to accelerate vocational maturation and allow new situations to be appraised and added, thereby continually refining and focusing the choice of a career in keeping with the concept of choice as a life-span process.

ADDITIONAL IDENTIFICATION MEASURES

Sepich (1987) suggests the use of the Career Decision Scale (CDS) developed by Osipow, Carney, Winer, Yanico and Koschier (1980) and Holland and Holland's (1977) Vocational Decision-Making Difficulty Scale (VDMD) as career indecision assessment devices. He concludes:

> The CDS has been shown to reflect multiple factors of career indecision. Both scales, fortunately, appear sensitive to degrees of indecision...It is recommended that the CDS be used more frequently as a practitioners's aid, while the VDMD scale be used more often in research validation studies (p. 15).

With current research emphasis on degrees or types of indecision these instruments would appear to have promise, especially if indications suggest career indecision interventions might best be tailored to the type of indecision the person exhibits.

The CDS and VDMD are usable with both school and college students. Hartman, Fuqua and Hartman (1983) have adapted a version for high school students. This author would suggest use of the CDS in combination with the VPI. The VPI provides an excellent model or framework for understanding how the world of work is organized; it would enable individuals to understand the relationship between personality and occupations.

CONCLUSION

Holland and Holland (1977) suggested that career undecideds and decideds are much more alike than different. Current research suggests that the issue of indecision be placed on a continuum. It may not be the likeness or unlikeness that is at issue, but that many individuals have great difficulty living with being undecided. Also, uncertainty and having no direction create much anxiety for students and their parents which, in turn, leads to premature decisions.

For most, selection of a college major or technical school and eventual career is a "hit or miss" affair with many individuals not realizing until their mid to late thirties that they are not happy with what they have chosen for their life's work. It is clear that we need to help people accept uncertainty and tentativeness while they are building a base of knowledge about self and the work place in order for them to make a more productive and self-satisfying choice.

Michelozzi (1984) states:

> If you are in tune with yourself and your deepest values, you will make wise choices and connect with others like yourself who share your aspirations...you won't find yourself out on a limb clinging to an obsolete view of the world or to an obsolete job. You'll develop the skills necessary for living in a fast-paced world—flexibility, the ability to change, and the ability to use information wisely (p. 127).

REFERENCES

Akenson, D. H., & Beecher, R. S. (1967). Speculations on change of college major. *College and University, 42,* 175-180.

Baird, L. L. (1969). "The undecided student—how different is he?" *Personnel and Guidance Journal, 47,* 429-434.

Crites, J. L. (1974). Career counseling: A review of major approaches. *The Counseling Psychologist, 4,* 312-323.

Crites, J. L. (1969). *Vocational psychology.* New York: McGraw-Hill.

Elton, C. F., & Rose, H. A. (1970). A longitudinal study of the vocationally undecided male student. *Journal of Vocational Behavior, 1,* 85-92.

Fuqua, D. R., & Hartman, B. W. (1983). Differential diagnosis and treatment of career indecision. *Personnel and Guidance Journal, 62,* 27-29.

Fuqua, D. R., Seaworth, T. B., & Newman, J. L. (1987). The relationship of career indecision and anxiety: A multivariate examination. *Journal of Vocational Behavior, 30*, 175-186.

Gelso, C. J., & Sims, D. M. (1968). Faculty advising: The problem of assigning students on the basis of intended major. *Journal of College Student Personnel, 9*, 334-336.

Gordon, V. N. (1981). The undecided student: A developmental perspective. *Personnel and Guidance Journal, 59*, 433-439.

Grites, T. J. (1981). Being undecided might be the best decision they could make. *The School Counselor, 29*, 41-46.

Grites, T. J. (1983). Undecided or undecided: A reexamination. *The School Counselor, 30*, 347-349.

Hartman, B. W., Fuqua, D. R., & Blum, C. R. (1985). A path-analytic model of career indecision. *Vocational Guidance Quarterly, 33* (3), 231-240.

Hartman, B. W., Fuqua, D. R., & Hartman, P. T. (1983). The construct validity of the career decision scale administered to high school students. *Vocational Guidance Quarterly, 31*, 250-258.

Hawkins, J. G., Bradley, R. W., & White, G. W. (1977). Anxiety and the process of deciding about a major and vocation. *Journal of Counseling Psychology, 24*, 398-403.

Holland, J. L. (1977). *Manual for the Vocational Preference Inventory.* Palo Alto, CA: Consulting Psychologists Press.

Holland, J. L. (1985). *Making vocational choices: A theory of vocational personalities and work environments. (2nd ed.)* New Jersey: Prentice-Hall.

Holland, J. L., & Holland, J. E. (1977). Vocational indecision: More evidence and speculation. *Journal of Counseling Psychology, 24*, 404-414.

Hollender, J. H. (1971). Development of vocational decisions during adolescence. *Journal of Counseling Psychology, 8*, 244-248.

Kimes, H. G., & Trough, W. A. (1974). Relationship of trait anxiety to career decisiveness. *Journal of Counseling Psychology, 21*, 277-280.

Mencke, R., & Hummel, R. L. (1984). *Career planning for the 80's.* Belmont, CA: Brooks/Cole.

Michelozzi, B. N. (1984). *Coming alive from nine to five: The career search handbook.* Palo Alto, CA: Mayfield.

Newman, J. L., Fuqua, D. R., & Seaworth, T. B. (1989). The role of anxiety in career indecision: Implications for diagnosis and treatment. *Career Development Quarterly, 37* (3), 221-230.

O'Hare, M. M., & Tamburri, E. (1986). "Coping as a moderator of the relation between anxiety and career decision-making." *Journal of Counseling Psychology, 9,* 233-243.

Osipow, S. H., Carney, C. G., Winer, J., Yanico, B., & Koschier, M. (1980). *The Career Decision Scale* (3rd ed.). Columbus, OH: Marathon Consulting and Press.

Rogers, W. B., & Westbrook, B. W. (1983). "Measuring career indecision among college students: Toward a valid approach for counseling practitioners and researchers." *Measurement and Evaluation in Guidance, 16,* 78-85.

Salomone, P. R. (1982). "Difficult cases in career counseling II: The indecisive client." *Personnel and Guidance Journal, 60,* 496-500.

Sepich, R. T. (1987). "A review of the correlates and measurements of career indecision." *Journal of Career Development, 14,* 8-23.

Taylor, K. M. (1982). "Difficult cases in career counseling II: The indecisive client." *Personnel and Guidance Journal, 60,* 496-500.

Taylor, K. M., & Betz, N. E. (1983). "Applications of self-efficacy theory to the understanding and treatment of career indecision." *Journal of Vocational Behavior, 22,* 63-81.

Titley, R. W., & Titley, B. S. (1980). "Initial choice of college major: Are only the 'undecided' undecided?" *Journal of College Student Personnel, 21,* 293-298.

Vondracek, F. W., & Schulenberg, J. E. (1986). "Career development in adolescence: Some conceptual and intervention issues." *Vocational Guidance Quarterly, 34* (4), 247-254.

THERE IS A WONDERFUL
OPPORTUNITY WAITING FOR YOU!

THE QUARTERLY NEEDS MANUSCRIPTS

The Quarterly needs manuscripts.
So write! Write! Write!

If you have ideas,
and you are willing to work on them,
please write to us.

If you need ideas as to what to write
about, we have many, many ideas.
Please contact us.

WE NEED MANUSCRIPTS!

IACD OFFICERS

PRESIDENT
Dean Van Diver
Springfield

PAST PRESIDENT
Twyman Jones
Normal

SECRETARY
Robin Smith
La Grange Park

TREASURER
Edward Hamann
Peoria

PRESIDENT ELECT
George Altha McCoy
Lombard

ADMINISTRATIVE COORDINATOR
Twyman Jones
Normal

PARLIAMENTARIAN
Lori Russell
Peoria

EXECUTIVE BOARD

Bette Toborg
Darien (1994)

Marlyse Anderson
Rock Island (1993)

J. D. Hawkins
Normal (1992)

Anna Marie Yates
Arlington Heights (1994)

Mary Lou Hawkins
Salem (1993)

Robert Watters
Rock Island (1992)

IACD DIVISIONS

IAMCD
Angelo Chavers
Chicago

IAMECD
Chuck Eberly
Charleston

ICDA
Diane Kjos
Mokena

ICPA
Robert Abene
Northbrook

IMHCA
Janet Hansen
Chicago

ISCA
Owen McCorkle
Decatur

ICES
French Fraker
Champaign

IACD
quarterly

department of educational
psychology and guidance
Eastern Illinois University
Charleston, Illinois 61920

Second Class
POSTAGE PAID
Charleston, Illinois 61920
USPS 451-660

IACD quarterly

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Contents:

- Working With Counselor Trainees From Toxic Families
- Latina Lesbians
- Supervising the Experienced Student Counselor
- Book Reviews

CG025198

Number 125
Spring, 1992

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

IACD

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EDITORIAL BOARD

IACD quarterly

SPRING 1992

Diane L. Kjos, Ph.D. (1991)
Division of Psychology and Education
College of Education
Governors State University
University Park, IL 60466

Rick Meyer, Ph.D. (1991)
Department of Educational Psychology
and Special Education
Northern Illinois University
DeKalb, IL 60115-2854

Jeffrey K. Edwards, Ed.D.
Department of Counselor Education
Northeastern Illinois University
Chicago, IL 60625-4699

Deborah Gough, Ph.D. (1992)
Communicative Disorders
Northern Illinois University
DeKalb, IL 60115-2854

Lori Ann Russell, Ph.D. (1992)
Bradley University
College of Education
and Health Sciences
217 Westlake
Peoria, IL 61625

William McFarland, Ph.D. (1992)
1306 Campusview Drive
Macomb, IL 61455

Anita Curtis, Ph.D. (1993)
403 Fairchild Hall
Illinois State University
Normal, IL 61761-6901

Jo Ann Hummers, Ed.D. (1993)
Counseling Center
Western Illinois University
Macomb, IL 61455

EDITOR
M. Illovsky, Ph.D.
Western Illinois University
Macomb

ASSOCIATE EDITOR
Joan Green
Western Illinois University
Macomb

ASSISTANT EDITOR
Margaret Frohne

MANAGING EDITOR
Donald Moler
Eastern Illinois University
Charleston

THE IACD QUARTERLY (USPS 451-660) is the official publication of the Illinois Association for Counseling and Development. The QUARTERLY serves the common interests of counselors and personnel workers in the State of Illinois.

MANUSCRIPTS: Address all correspondence to the editor: M. Illovsky, Ph.D., Memorial Hall, Western Illinois University, Macomb, IL 61455.

MEMBERSHIP: Membership in IACD includes a subscription to the IACD QUARTERLY. Membership information may be obtained from: Twyman Jones, P.O. Box 955, Normal, IL 61761-0955.

CHANGE OF ADDRESS: Notification of address change of subscriber or member should be sent at least five weeks in advance of publication. Undelivered copies resulting from address changes will not be replaced; subscribers should notify the post office that they will guarantee second class forwarding postage. Other claims for undelivered copies must be made within four months of publication.

PUBLICATION OFFICE: Department of Educational Psychology and Guidance, Eastern Illinois University, Charleston, IL 61920.

POSTMASTER: Send form No. 3579 to: Donald L. Moler, Eastern Illinois University, Charleston, IL 61920.

THE ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT QUARTERLY is printed quarterly: FALL, SPRING, SUMMER, WINTER; by the Illinois Association for Counseling and Development and Eastern Illinois University. Second class postage paid at Charleston, IL 61920.

Illinois Association for Counseling and Development **IACD**

Table of Contents

Working With Counselor Trainees From Toxic Families
Keren M. Humphrey 2

Latina Lesbians
Estela M. Pledge 11

Supervising the Experienced Student Counselor
Stephany Joy 24

Book Review:

D.K. Reynolds — *Constructive Living* 34

D.K. Reynolds — *Playing Ball on Running Water: Living Morita Psychotherapy: The Japanese Way to Building a Better Life* 34

D.K. Reynolds — *Even in Summer the Ice Doesn't Melt: Constructive Living the Japanese Way Through Morita & Naikan Therapies* 34

IACD is a state branch of the American Association for Counseling and Development (AACD) and adheres to the Ethical Standards subscribed to by AACD.

Contents of this journal are copyrighted.

Working With Counselor Trainees From Toxic Families

Keren M. Humphrey

Counselor trainees from dysfunctional family of origin backgrounds may exhibit problematic cognitive and behavioral patterns which complicate learning. Suggestions for helping trainees are included.

WORKING WITH COUNSELOR TRAINEES FROM TOXIC FAMILIES

Family backgrounds which include emotional, physical, and/or sexual abuse may be described as "toxic" in their long-term, poisonous effects on individuals as they progress through adulthood. Characteristic behaviors and cognitions of adults from toxic families have been documented, especially regarding alcoholic families (Balis, 1987, Cermak & Brown, 1982; Potter-Efron, 1988; Richards, 1989; Woititz, 1985), sexually abusive families (Bass & Davis, 1988; Courtois, 1988; Deighton & McPeek, 1985; Giaretto, 1982; Lew, 1990; Nielsen, 1983), and enmeshed or disengaged families (Forward, 1989; Love, 1990; Mellody, Miller, & Miller, 1989; Minuchin, 1974; Wholey, 1988). Counselor educators should consider that individuals from toxic family backgrounds may enter counselor education programs. Their potential for effectiveness as students, as supervisees, and as professional counselors may be impaired by problematic cognitive and behavioral patterns and unresolved issues from their families of origin. Thus, it is the intent of this article to address various ways in which counselor trainees from toxic families may encounter difficulties during training, and offer suggestions for assistance on the part of counselor education programs.

Karen M. Humphrey is an assistant professor in the Department of Counselor Education and College Student Personnel, Western Illinois University, Macomb, Illinois.

The author would like to thank Christine Breier, M.S. Ed., Counseling and Career Development Center, University of Missouri at Rolla, and Stephany Joy, Ed.D., Counseling Center, Western Illinois University, for their helpful comments during the early drafts of this article.

COUNSELOR TRAINEES FROM TOXIC FAMILY BACKGROUNDS

The effects of a toxic family of origin on a counselor trainee will vary, depending on the severity and nature of abuse, and the degree of awareness and resolution the trainee has concerning those toxic experiences. However, some problematic patterns do occur with sufficient frequency during counselor training to serve as clues for the counselor educator and supervisor.

Intense and inappropriate displays of shame and guilt. Made to feel responsible for problems in their family of origin, adult survivors often exhibit strong feelings of guilt regarding any real or imagined wrongdoing. The intensity of the guilt feelings creates an abiding sense of personal worthlessness in many individuals, resulting in an attitude of shamefulness for simply existing (Potter-Efron, 1988). Counselor trainees from toxic families may withdraw or become apologetic and placating. Unresolved guilt, especially noted with victims of child sexual abuse (Giaretto, 1982), may predispose trainees to inappropriately assume responsibility for the actions and feelings of others.

Difficulty operating in the affective realm. Children from toxic families often absorb prohibitions against recognizing or attending to their emotional needs because their feelings may be discounted or ignored (Balis, 1987; Bass & Davis, 1988). Adult survivors, therefore, may experience difficulty with the affective realm, using a variety of avoidance mechanisms to distance themselves from their feelings, e.g., numbing, blocking, denial, minimization, dissociation. Trainees from toxic families usually struggle to remain in the affective realm, often "going cognitive" at inappropriate times. Trainees exhibit great difficulty identifying and responding to feelings. One trainee from an incestuous family background, when reflecting on her progress during the counselor education program, reported, "When you asked me how I felt, I had no idea what you were talking about. I learned to deny and distort my feelings a long time ago, and here you were asking me not only to identify my feelings, but to respond to them. It scared me to death."

Impaired perceptual abilities. The history of repression and denial common in toxic families does not prepare an adult to make accurate appraisals of various situations, especially interpersonal relationships (Balis, 1987; Courtois, 1988). Trained from childhood to focus on others as a way of managing anxiety, adults from toxic families tend to view problems as existing in others. Consequently, counselor trainees from toxic families may ignore their own impact on a counseling situation, viewing the client's actions as disconnected from their own; thus their insights are skewed. Sometimes trainees from toxic families, aware of their impaired perceptual skills, are hesitant to pursue intuitive hunches with clients. These trainees consistently avoid opportunities to present and check out those insights by allowing storytelling or becoming passive in client sessions. When encouraged to "trust your instincts," these trainees often will question their validity and minimize their perceptual capacity.

Difficulties in managing anger. Complicated by their history of avoiding feelings, adult survivors from toxic families frequently have difficulty managing anger (Balis, 1987; Bass & Davis, 1988; Cermak & Brown, 1982). Denial, repression, minimization, and rationalization are common coping mechanisms that adult survivors use to fend off the anxiety created by their anger. Counselor trainees from toxic families may habitually repress or deny anger, thus responding ineffectively to client anger and/or within the supervision process. For example, a counselor trainee from an alcoholic family background became visibly angry when her supervision group disagreed with her case conceputalization. She deliberately undermined the process by inventing a nonexistent element in the case, later described by the trainee as "throwing a bone" to the supervision group so as to refocus the discussion. The trainee minimized and rationalized her anger and her behavior by blaming the supervision group for "not being able to understand me." Again, the tendency to focus on others is a characteristic of survivors of toxic families which contributes to poor anger management.

Resistance to interpersonal risk-taking and vulnerability. The intense pain suffered by many survivors of toxic families is a continuing reminder to be on guard in their interpersonal relationships. Suspicious of themselves and of others, frequently identifying relationships with shame and guilt, and unsure of their perceptual accuracy, adults from toxic families experience great difficulty in allowing themselves to be vulnerable (Cermak & Brown, 1982; Courtois, 1988; Potter-Efron, 1988). Thus, counselor trainees from toxic family backgrounds may void sharing themselves, may use passive/aggressive behaviors, and may shift the focus away from themselves by challenging group leaders/

professors/supervisors. Emerson (1988) has noted that trainees who survive child sexual abuse sometimes assume moralistic and judgmental stances which effectively defend against self-exploration or self-revelation.

Pseudomaturity. Children from toxic families are often forced to grow up too soon, fulfilling roles in their families that are inappropriate for their age and do not allow for healthy integration of self and experience. As adults, these individuals present a kind of pseudomaturity that blurs developmental gaps. They may become quite skilled at and invest substantial energy into presenting themselves as competent, mature, and strong. However, the presentation masks intense feelings of insecurity and fears of abandonment or rejection (Balis, 1987; Lew, 1990; Richards, 1989). Trainees from toxic family backgrounds may initially impress their professors with their maturity, depth of insights, and competence. Counselor educators and supervisors are then surprised when these trainees behave inconsistently and act irresponsibly. The trainee who looked so good performs poorly in the classroom, is disorganized about his/her work, ignores directions, and disregards time constraints. She/he may be responsive and attentive in supervision, but is nonresponsive and inconsistent in client sessions. It is the author's observation that trainees exhibiting this pseudomaturity often are the ones who fall apart during field experiences. It is as though they have reached the limits of their ability to portray themselves as competent and, rather than face this failure, they sometimes disappear before completing their program.

These are some of the characteristic patterns of behavior frequently exhibited by counselor trainees from toxic family backgrounds. Individually, these patterns do not necessarily point to a toxic family of origin experience. After all, trainees from relatively healthy family backgrounds may have difficulty in the affective realm, use dysfunctional coping strategies, or repress their anger. Counselor educators and supervisors should, however, view the existence of several of these characteristics as possible evidence of the continuing toxic effect of emotional, physical, and/or sexual abuse in the family of origin. While interventions designed to identify and reduce the anxiety exhibited by most counselor trainees may help in the management of problems, especially resistance in supervision, the long-term, toxic impact of dysfunctional family experiences should not be overlooked. More substantial means for addressing this toxicity should be afforded by counselor education programs.

SUGGESTIONS FOR WORKING WITH COUNSELOR TRAINEES FROM TOXIC FAMILIES

Knowledge of the possible effects of a toxic family background on counselor trainees may assist counselor educators and supervisors in responding effectively to problematic issues and behaviors. Helping trainees to view their behavior in the wider context of their family of origin experiences will assist them to identify sources of anxiety during counselor preparation, to analyze those places where they get "stuck" with clients, and to identify affective and cognitive patterns which impede their therapeutic effectiveness. Counselor education programs can provide assistance to trainees who are affected by dysfunctional family of origin experiences:

1. **Address the notion of a connection between personal issues and counselor effectiveness throughout the program.** Cite and discuss literature on the subject, with special attention to countertransference and resistance. Counselor educators can provide modeling by using appropriate self-disclosure concerning their own struggles to balance personal conflicts with therapeutic effectiveness. In pursuing a program-wide approach, it is important to consistently remind students that it is all right to struggle and to "have issues," but note that the degree of resolution of these issues contributes to their effectiveness as professional counselors. Assign readings which address the connection between the counselor's mental health and his/her professional effectiveness and provide a forum for class discussion of the topic. Recommended readings: Emerson (1988); Friesen & Casella (1982); Kottler (1986); Piercy & Wetchler (1987); Satir, (1987); Titleman (1987); Winter & Aponte (1987).

2. **Assist students in examining and reflecting on their own family of origin experiences.** The ideal place for this is via marriage and family coursework. In the author's classes, students complete an extensive three-generation family of origin project in which they apply the principles of family systems to their own families, including genograms, a family chronology, and analysis of family dynamics. Small group work and journaling also can facilitate reflection on how one's family of origin experience

continues to impact him/her as an adult. Marriage and family counseling, sexuality counseling, and addictions counseling courses should include discussion of the impact of dysfunctional family backgrounds on adults, focussing on characteristics of adult children of alcoholics (ACOAs), adult survivors of incest, and adults from severely enmeshed families. Self-help readings on these topics could be suggested: Courtois (1988); Forward (1989); Love (1990); McGuire (1990); Wholey (1988); Woititz (1985).

3. Assist trainees in recognizing dysfunctional patterns of relationship and behavior through immediacy. Point out the maladaptive patterns, and note specifically in what way the behavior is problematic (e.g., distancing, lacking empathy, rescuing). In the moment of immediacy, help the trainee to generate ideas for doing things differently and provide support for change. Instead of ignoring trainee errors in their academic preparation in favor of a "that's their problem" attitude, counselor educators should note how poor performance in one area may be reflected in poor performance in other areas. For example, the student who consistently is late with assignments, does not attend to directions, or constantly misses class will probably exhibit similar problems regarding client work. Immediacy may provide the trainee with an opportunity to examine and change dysfunctional patterns before reaching more advanced stages of counselor preparation.

4. Offer support groups that specifically address the effects of toxic family backgrounds on current functioning. These may take the form of referral to existing self-help groups (e.g., Al-Anon, AA), or to growth groups and therapy groups. Emerson (1988) suggested using advanced students to lead support groups for trainees who experienced childhood sexual abuse. Counselor educators are cautioned, however, to use rigorous care in matters of confidentiality and dual relationships when using "in-house" intervention methods.

5. Make referrals for individual counseling regarding toxic family of origin issues as presented in counselor training. The author has noticed that many counselor educators wait until problems are revealed during supervisory experiences, believing that trainees will be most invested in responding positively at that point. However, problems indicating the possibility of toxic family of origin experiences usually occur earlier in training. Counselor educators should consider that trainees will benefit most from early referral.

Counselor educators should also be aware of local and campus counseling professionals who have special training or expertise in assisting clients with family of origin issues and make referrals specifically to those counselors. When making such referrals, it is important that the counselor educator aid trainees in understanding the connection between their current behavior, their past family of origin experience, and their future effectiveness as a professional counselor. Counselor educators must also assure trainees of the confidentiality of their personal counseling experience, if they choose to pursue that avenue.

6. Provide an accepting and supportive environment. This encourages trainees from toxic family backgrounds to experiment with new behaviors, develop new cognitive constructs, and experience more fully the affective realm. Essential to providing this environment is consideration for the variance in trainee development. Adapting the survival skills of a toxic childhood experience to functional adulthood and competence as a professional counselor requires time as well as effort. Counselor educators should consider that trainees develop at their own pace and, within reasonable limits, make allowances for this pacing. Trainees who come face to face with problems stemming from toxic family experiences may need to take time off or alter their coursework demands so as to devote energy to these issues without imperiling their program standing.

7. Supervisors should recognize that resistance they sometimes encounter with counselor trainees may stem from survival skills learned in toxic families. Careful probing that helps trainees to view their resistance within the context of survival skills must clearly relate to supervision and not redefine the relationship into one of therapist/client. Referral, once the source of resistance is recognized, is appropriate. Continued focus on the trainee's family of origin experience will only undermine the supervision and prevent effective learning.

8. Screen carefully and throughout the counselor education program. The previously mentioned suggestions address the importance of assisting counselor trainees in identifying and correcting dysfunctional patterns arising from toxic family backgrounds. However, some trainees, due to these same dysfunctional patterns, will be unable to function competently as professional counselors. Counselor educators have an ethical responsibility to screen from their programs those individuals whose personal limitations make them unable to provide competent counseling services (AACD Ethical Standards, 1988, Sect. H, Paral. 4/5). In doing so counselor education programs must insure that dismissal from a program (or denial of admission) is never based on the presence or absence of family of origin issues; rather, it is based on the trainee's or applicant's demonstrated inability to function effectively as a professional counselor.

CONCLUSION

Some individuals who enter counselor education programs may bring with them certain dysfunctional patterns and processes learned in their families of origin. The continuing "toxic" effects of family experiences of emotional, physical, and/or sexual abuse may interfere with their learning process and impair their effectiveness as future counselors. Counselor educators and supervisors should consider trainee problems in the context of toxic family of origin experiences and respond appropriately. When trainees from toxic families are able to identify problem areas, resolve issues, heal wounds, and alter maladaptive survival skills, we may discover that they bring to us in the counseling profession far more than we would have ever imagined.

REFERENCES

American Association for Counseling and Development (1988). *Ethical standards*. Alexandria, VA: Author.

Balis, S. (1987). Illusion and reality: Issues in the treatment of adult children of alcoholics. *Alcoholism Treatment Quarterly, 3*(4), 67-91.

Bass, E., & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse*. NY: Harper & Row.

Cermak, T., & Brown, S. (1982). Interactional group therapy with the Adult Children of Alcoholics. *International Journal Group Psychotherapy, 32*(3), 375-389.

Courtois, C. (1988). *Healing the incest wound: Adult survivors in therapy*. NY: W. W. Norton.

Deighton, J., & McPeek, P. (1985). Group treatment: Adult victims of childhood sexual abuse. *Journal of Contemporary Social Work, 66*(7), 403-409.

Emerson, S. (1988). Female student counselors and child sexual abuse: Theirs and their clients. *Counselor Education and Supervision, 28*(1), 15-21.

Forward, S. (1989). *Toxic parents: Overcoming their hurtful legacy and reclaiming your life*. NY: Bantam Books.

Friesen, V., & Casella, N. (1982). The rescuing therapist: A duplication of the pathogenic family system. *American Journal of Family Therapy, 10*, 57-61.

Giaretto, H. (1982). *Integrated treatment of child sexual abuse*. Palo Alto, CA: Science and Behavior Books.

Kottler, J. (1986). *On being a therapist*. San Francisco: Jossey-Bass.

Lew, M. (1990). *Victims no longer: Men recovering from incest and other sexual child abuse*. NY: Harper & Row, Publishers.

Love, P. (1990). *The emotional incest syndrome: What to do when a parent's love rules your life*. NY: Bantam Books.

McGuire, D. (1990). *Healing the wounds of childhood: A recovery guide for adult children of dysfunctional families*. NY: Perigee Books.

Mellody, P., Miller, A., & Miller, K. (1989). *Facing co-dependence*. San Francisco, CA: Harper & Row.

Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Nielson, T. (1983). Sexual abuse of boys: Current perspectives. *Personnel and Guidance Journal, 62*, 139-142.

Piercy, F., & Wetchler, J. (1987). Family-work interfaces of psychotherapists. *Journal of Psychotherapy and the Family, 3*(2), 17-32.

Potter-Efron, P. (1988). Creative approaches to shame and guilt: Helping the Adult Child of an Alcoholic. *Alcoholism Treatment Quarterly, 4*(2), 39-56.

Richards, T. (1989). Recovery for Adult Children of Alcoholics: Education, support, psychotherapy. *Alcoholism Treatment Quarterly, 6*(1), 87-110.

Satir, V. (1987). The therapist story. *Journal of Psychotherapy and the Family, 3*(1), 17-25.

Titleman, P. (Ed.) (1987). *The therapist's own family: Toward differentiation of self*. NY: Jason Aronson.

Wholey, D. (Ed.) (1988). *Becoming your own parent: The solution for adult children of alcoholic and other dysfunctional families*. NY: Doubleday.

Winter, J., & Aponte, H. (1987). The family life of psychotherapists: Treatment and training implications. *Journal of Psychotherapy and the Family, 3*(2), 97-133.

Woititz, J. (1985). *Struggle for intimacy*. Deerfield Beach, FL: Health Communications, Inc.

Latina Lesbians

Estela M. Pledge

The history and the mental health of the Latina lesbian are reviewed. Ethnic and homosexual models and values are discussed and two Latina lesbians were interviewed. The final section considers the cross-cultural and personal implications for the counselor and how the counselor can help meet the needs of the Latina lesbian.

HISTORICAL OVERVIEW

Latino History

In order to understand the Latina lesbian, one must first understand the historical experience of these women. Latinas are not a homogenous group but rather a group who use variations of Spanish depending on their national origin (Carballo-Diéguez, 1989). The heterogeneity of the Latino population is also denoted by regional, generational, and class differences (Melville, 1980).

It is generally understood that Latinos are persons of either Mexican, Cuban, or Puerto Rican heritage. Mexicans are mostly Mestizos, a mix of Spanish and Indian ancestry. Their Indian roots pre-date the arrival of Spanish explorers in Mexico in the fifteenth century. Through the nineteenth century, Spain expanded its empire to the southwestern and far western United States. Although Mexico won independence from Spain in 1821, the country was highly influenced by Spanish traditions which were often combined with Indian practices. At the end of the Mexican war in 1848, Mexicans living in the southwest had the option of becoming citizens or returning to Mexico. The population that became U.S. citizens continued to grow rapidly in the 1900s after the Mexican Revolution. Migration to the U.S. slowed down during the Depression of 1910, increased during World War II, and in the times of desperate economic adversity which have continued into the present (Falicov, 1982).

Cuba was discovered in 1492 and conquered by Spain in 1511.

Estela M. Pledge, M.S., Ed., N.C.C., is a Counselor at the Recovery Center, McDonough District Hopsital, Macomb, Illinois 61455.

Cuba provided the leading area for Spanish exploration of the Americas. It was often attacked by the French and British buccaneers. The cultural evolution of the island changed with the death of many Arawak Indians who were replaced by Negro slaves. Migrants from other Latin American countries and Spain restored the white component. Cuba remained under Spain until 1898 when Cuba established itself as an independent republic. This was followed by a brief period in which the Platt Amendment kept the island under U.S. protection and gave the U.S. the right to intervene in Cuban affairs. Even though the Platt Amendment was aborted in 1933, Cuba remained economically and politically attached to the U.S. until the 1959 Cuban Revolution. Because of the proximity of the Soviet Union to Cuba, the U.S. changed its attitudes towards Cuba. This led to migration to the U.S. of many Cubans who were not only from the working class, but from the upper middle and intellectual class. The majority of the Cubans who migrated settled in the Miami area after 1959.

In 1500, the native population of Puerto Rico was Taino Indian. Shortly after the Spanish invasion of Puerto Rico, many of the native population of Taino Indians died of starvation, overwork and suicide. Even though Puerto Rico was highly influenced by Spain, fragments of the Taino Indian culture remained and often blended with the Spanish culture. Spainards brought African slaves to the island to work in the sugar cane fields. In 1873, slavery was abolished and this culture was also combined with the existing Indian and Spanish cultures. In 1898, Puerto Rico surrended to the U.S. and remained under direct U.S. military rule until 1900, when the U.S. Congress passed the Foraker Act. In 1917, when Puerto Rico became a U.S. territory, people were entitled to U.S. citizenship. Puerto Ricans and Dominicans continued to migrate during the time of economic hardship and after World Wars I and II. This peaked in 1952 when Puerto Rico was proclaimed a Commonwealth (Avila & Avila, 1980; Bernal, 1982; Falicov, 1982; Garcia-Preto, 1982; Ortega & Sternbach, 1989).

Lesian History

Because most history has been written about men and by men, it is difficult to understand the complete historical experience of lesbians. History reports there was less homophobia to lesbianism then to male homosexuality before Christianity.

The word lesbian came from the island of Lesbos, where Sappho (sixth century B.C.), a Greek poetess lived. Because her love poems were dedicated to other women, the word "Sapphic" has been used in connection to women who are erotically attracted to other women. Many of her poems were destroyed in the name of Christian morality (Bullough, 1979).

According to Crompton (1980/1981), one of the first clear references to lesbians is dated 1270 in a French code. This code stated if a woman was to have sexual relations with another woman, then this woman must have a clitorectomy. Lesbianism was considered an abominable crime, as evil as homosexuality and punishable with the death penalty. Christian moral theology proclaimed that sexual pleasure without procreation was a crime against nature and therefore, more punishable than male sodomy. Crompton discussed how Catholic morality was highly influenced by the writing of the "Summa Theologica" by St. Thomas Aquinas, a Catholic theologist. St. Thomas Aquinas declared that fornication with the same sex, was the same as committing the vice of sodomy. Catholic moral theology and Canon law dominated Medieval secular law so that during the centuries that followed, there were numerous accounts of women being burned alive for incidents of lesbian love.

The Spanish were notable authorities on lesbianism and the law. The most important medieval Spanish law on sodomy advocated the death penalty by burning not only for men, but also for women. Some Spaniards believed that if material instruments were used during acts of lesbianism, then the death penalty was warranted. If no material instruments were used, then a lesser penalty such as a whipping and a trip to the galleys, could be ordered (Crompton, 1980/1981).

History and Mental Health of Latina Lesbians

Historically, Latina culture has been a patriarchal system where heterosexuality was often mandated and considered the norm. The professed lesbian was often banished from the village or town, or was referred to as the town queer (Arguelles & Rich, 1984). Melville (1980) explained the following:

> As part of the culture that an individual absorbs through his or her growth and development, there is a set of values and beliefs that relate to life, death, illness, and health, values and beliefs that are part of a system where many

> other values and beliefs related to other aspects of the culture are integrated into a whole . . . For instance, trying to modify people's perceptions about mental illness may be an impossible task unless there are concomitant changes in some values and beliefs held by people with respect to what should be considered 'normal' behavior (p. 192)

It was unlikely for the Latina lesbian to seek any type of mental help that stemmed from her sexual orientation since lesbianism was considered an abnormal and immoral act. Latin culture believed wisdom resulted from tradition and the elderly were the most respected leaders of convictions. Health care was often provided by the "curandero" and the "comadrona," the healer and the midwife (Boulette, 1976; Melville, 1980).

Because lesbianism defied the sexual norms of daily life, lesbian identities were hidden and kept private. Santeria, a religious cult, whose roots derived from ancient Yourba rituals and beliefs, was forbidden by the Catholic church, however, the practice persevered by pretending to give the names of saints to the old African deities. Latina lesbians engaged in Santeria because it was a form of gender and sexual transcendence where the gods would mount them during rites of possession. This practice continues even today (Carballo-Diéguez, 1989; Arguelles & Rich, 1984). Latina lesbians also employed "espiritualistas" (spiritualists) "to try to control and interpret the messages from the spirits, whether these come through trance possession, dreams, vision, or visits 'in the flesh' " (Melville, 1980, p. 132).

MULTICULTURAL IDENTITY

Minority Identity Model

The most frequently used identity model for minorities is the Minority Identity Development Model (MIDA) developed by Atkinson, Morten, and Sue (1983). The MIDA model discusses five stages whereby the person starts **conforming** to the dominant group, is depreciative of self and others of the same minority yet is judgmental of different minorities. The person then proceeds to feeling **dissonant** about self and others of the same minority. Information and experiences lead to the initial questioning of accepted values and beliefs of the different minorities and also the dominant group. This is followed by **resistance and immersion**, wherein the person is more accepting of self and others of the same group, yet ostracizes different minorities and the dominant group. The person becomes **introspective**, feeling incongruent and confused about the feelings in the previous stage, and struggles for a balance of feelings regarding self, same and different minorities, and the dominant group. The final stage, **synergetic articulation and awareness**, is characterized by the person again being accepted of self, of the same and different minorities, and is now selective yet accepting of the dominant group (Espin, 1987; Pedersen, 1988).

Homosexual Identity

Cass (1979) presented six stages of identity development that homosexuals follow in developing an integrated identity. In stage one, identity confusion, there is an awareness of feelings, thoughts, or behaviors which can be interpreted as homosexual and which causes confusion since there is an assumption of heterosexuality by the person and the environment. This triggers questions about self-identity. During stage two, identity comparison, the person feels separateness and perhaps social alienation. The feelings of isolation are reduced in stage three, identity tolerance, because the person feels a little more comfortable as a homosexual and starts seeking support from other homosexuals. During stage four, identity acceptance, there is more acceptance of self and of the support of other homosexuals which allows the person to feel validated and normal as a homosexual. Stage five, identity pride, is comparable to stage four in the MIDA model, in which the person struggles for a balance of feelings of self-acceptance and acceptance by society. The feelings of confusion and incongruence are controlled by disparaging heterosexuals and heterosexuality. Defensive feelings of anger and pride begin, and the person may become confrontive. There may be deliberate disclosure of a homosexual identity since there is less concern with hiding. Stage six, identity synthesis, like stage five in the MIDA model, is characterized by acceptance of all aspects of the self, increased feelings of integration, selectiveness yet acceptance of the dominant heterosexual group.

Latina Lesbian Identity

Popular and customary development theories are often

62

inappropriate and inexact for minorities (Pedersen, 1988). Ethnic gender identity is often explained in regard to history and cultural heritage. It is impressive that in all the available information about ethnicity and gender, little information is concerned with the development of identity of the Chicana, the Latina (Zinn, 1980). Espin (1987) stated:

> Coming out to self and others in the context of a sexist and heterosexist American society is compounded by coming out in the context of a heterosexist and sexist Latina culture immersed in racist society. Because as a Latina she is an ethnic minority person, she must be bicultural in American society. Because she is a lesbian, she has to be polycultural among her own people.
>
> The dilemma for Latina lesbians is how to integrate who they are culturally, racially, and religiously with their identity as lesbians and women. The identity of each Latina lesbian developes through conscious and unconscious choices that allot relative importance to the different components of the self, and thus of her identity as woman, as lesbian, as Latina (p. 35).

There are many variables affecting the development of identity and even more so if the person is a Latina who is also a lesbian. Many of these variables have strong similarities and commonalities founded on tradition, history, cultural values, custom and language. Acculturation, a major variable, is affected by the socioeconomic status, level of education, generational standing, birth order, family configuration, physical characteristics, degree of assimilation, location of residence, attitudes toward host country, and reference group. Tremble, Schneider and Appathurai (1989) discussed the importance of the following variables:

> . . . . expectations regarding gender role, religious values, and social expectation regarding marriage and family are the pivotal predictors of attitudes toward homosexuality. Specifically, homosexual youngsters will be most in conflict with their cultures when religious beliefs are orthodox, when there exists a strong expectation to reside with the family until marriage, and to get married and

> have children, and when gender role expectations are polarized and stereotypical.
>
> Paradoxically, these values also provide the pathway to reconciliation between homosexual children and parents. When the love of children and the value of family ties are strong, nothing will permanently split the family. Ultimately, when the family system is bound by love and respect, a way is found to embrace the homosexual member (p. 257).

Personal Interviews

Two Latina lesbians were interviewed (L. M., personal communication, October 29, 1989; A. L., personal communication, October 29, 1989). L. M. is 28 years old and A. L. is 45 years old. Both of them identified themselves as Mexican-Americans. L. M., a 5th generation Mexican, cannot speak Spanish but can understand most of it. She is a Licensed Vocational nurse in a psychiatric hospital. A. L. is a 4th generation Mexican, speaks Spanish fluently, and is a social-worker in a city rehabilitation center. She has also worked as a counselor in private-practice.

Both women were raised in large, middle-class families, and only L. M.'s mother had some college education and worked in the social services. Both were raised as Catholic and their church attendance was described as sporadic. Neither was in a relationship at the time of the interview, but both were looking.

The MIDA model and Cass's homosexual model were discussed with the women. Both reported they could relate to both identity models, although as youngsters, they related first to the MIDA model of minorities. Both were about 7 years old when they began to feel different, although they were unsure of the reason. Their feelings of differentness first became stronger in early puberty and by the time they were in high school, they were convinced of their homosexuality.

L. M. identified being in the final stage, identity synthesis, when she was about 23 years old while A. L. believed she had been in her early thirties. Both attributed this difference to parental acceptance of coming out. L. M. came out to her mother as a teenager knowing she would be accepted and loved. She described her relationship with her father as being strained because of his alcoholism, and while she had not come out to him, she believed he knew. As a teenager, she also felt safe to come out to her brothers and sisters, and reported feeling supported by them.

Contrarily, A. L. stated she never felt safe enough to come out to her parents and did so to only one of her sisters, who was the other college educated member of the family. A. L.'s parents expected her to marry, have children, and to maintain close family ties. Her family excused her failure to do this by saying, "A. L. has no time because of her important job of helping others." She believed she could never come out to her parents because of the shame, disgrace, and guilt her parents would feel. Consequently, she tried to deny her lesbianism for a long time. Both women stated this was more typical of other Latina lesbians they know.

Both women also mentioned they had noticed that coming out was related to a higher class and education level of parents, and to a lesser degree, to the education level of siblings. They thought this was due to less rigid traditional views even though ethnic identity was still considered to be important. These attitudes are in keeping with Stewart's (1972) statement, "The individual is perceived to belong to a social group and to behave according to the obligations, duties and privileges inherent in his social and professional position" (p. 41). Both women were extremely selective about coming out.

A. L. reported she had been in therapy a short time to help her resolve her family issues of not coming out. She found it easy to find a therapist who understood gay minority issues because there were many gay professional women in her area. Both women reported they received most of their support from other lesbians who may or may not be Latina. Both indicated the southwestern city they lived in had many on-going support programs for gay women and while they thought all were integrated programs, they knew some groups were racially segregated because of their location. Some programs were conducted by professional gay therapists, and others were informal support groups.

Both women reported feeling good about who they were. Both thought they had a lot to contribute to their culture and to life. Both wanted to be involved in a stable and loving relationship and believed their daily and lifelong needs were not as different as heterosexuals.

THEORETICAL AND PERCEPTUAL OVERVIEW

Cross-Cultural Implications

While it is important to understand how the cross-cultural variables affect the Latina lesbian, it is equally important to remember that many of these variables are similar for other lesbians who are in the process of coming out (Espin, 1987). Espin goes on to say:

> It is essential that the therapist understand the anger, frustration, and pain that the Latina lesbian experiences, both as a lesbian and as an ethnic minority member. If the therapist is a white Anglo, it is essential that she develop awareness and understanding of how her own cultural background influences her responses to her Latina lesbian client. If the therapist has a heterosexual orientation, particularly if the therapist is also Hispanic, freedom from heterosexist biases and male-centered cultural values and from Latin stereotypes of homosexuals is essential for effective therapy. Of particular importance is the use of language in therapy when the client's associations to Spanish words that refer to her lesbian identity may all be negative (p. 49).

Both Espin (1987) and Sue (1981) give credence to the old adage "counselor know thyself." In order to be culturally competent, counselors must be aware of their own values, biases and assumptions and accept the existence of cultural differences. This would include acknowledging that culture is a valid and integral part of each person. Sue (1981) concluded that unless counselors do this, they may fallaciously assume that their values and beliefs are commonly shared by others. For instance, in many cultures, and especially the Latin culture, the family may be more valued than the individual. The counselor must understand and be emphatic to the client's frame of reference and the client's world.

Meeting the Needs of the Latina Lesbian

Kleinman (1985) stated, "Since the most common source of cross-cultural problems in health care is ethnicity, it is essential to determine in each case if ethnic factors are relevant or not" (p. 3). Espin (1987) cautioned therapists not to use cultural explanations for all personal discrepancies. It is more important to be emphatic, to validate the person's feelings and identity, and to encourage self-exploration.

Zinn (1980) commented, ". . . we can speculate that occupation, residence, education, and all of the components of socioeconomic status will contribute to differences in total social identity configurations of Chicanos and Chicanas" (p. 23). Other variables that need to be considered in trying to meet the needs of the Latina lesbian are: immigration status, language, religion and folk beliefs, social structure and values, personal beliefs, stereotypes, and whether the person is ideologically or behaviorally ethnic (Carballo-Diéguez, 1989; Kleinman, 1985). Although each gay and lesbian minority has to be assessed individually, there are common problems: "(a) particular difficulties in coming out to the family; (b) finding a niche in the gay and lesbian community in the face of discrimination; (c) difficulties in reconciling sexual orientation and ethnic or racial identity" (Tremble et al., 1989, p. 254).

Besides being able to relate and communicate to the client, the counselor must make a complete assessment of the client's situation and make the appropriate recommendations. The client's goals become achievable when the counselor is familiar with the demands and expectations of the client's primary culture and subculture (Vontress, 1976).

To help form a therapeutic relationship, the initial interview has to be considered of utmost importance in working with Latinas. While each therapy has to be individualized, it is also vital to choose the appropriate formal or informal approach. One therapy that may be suitable is feminist therapy. Comas-Diaz (1987) commented that feminist therapy may help empower the Latina because (a) it helps the client recognize the harmful effects of sexism and racism, (b) it helps in dealing with negative feelings regarding ethnic status, (c) it helps in understanding the inherent control in solving problems, and (d) it teaches the client to recognize the global essence between the external environment and inner reality, thereby empowering the client to change the answers from society. Comas-Diaz goes on to say, "feminist therapy can empower . . . women to: (a) cope with cultural change and shape the transculturation process, and (b) integrate ethnic, gender, and racial components into their identity" (p. 469).

Brooks (1981) discussed at length the use of transactional analysis in helping minority lesbians cope by addressing both identity and goal patterns. The transactional analysis is combined with a systems model in which Brooks explains:

> The progression of minority response patterns in this framework includes: (1) redefinition of self, (2) establishment and maintenance of positive minority-group identification, (3) the ability to join in collective efforts with others of one's minority group, and (4) a desire to achieve cultural pluralism that is reflected in support of equal rights for other minorities as well as one's own (p. 125).

Brooks concluded that the major barrier in achieving self-acceptance of a minority identity is to eradicate the negative cultural messages from the person's own belief system.

Egan's (1975) model which is based on learning and social-influence theory, behavior modification principles and practice, skills-training and problem-solving methodologies, also examines the person's belief system. The model consists of three progressive interdependent stages and a pre-communication phase in which the counselor attends to the client both physically and psychologically. Stage one is characterized by counselor responding/client self-exploration. Stage two moves on to counselor integrative understanding/client self-understanding. Stage three progresses to counselor facilitating action/client acting.

This model may be useful to many Latina lesbians because the counselor starts with that important initial meeting whereupon there is a decision to use either the formal or informal approach. The process continues to build upon itself because the counselor personalizes whatever the client wants to share and this progresses into the client's belief system where the counselor starts to respond in a more advanced manner. This process enhances new and perhaps a better self-understanding which promotes the client to develop new coping skills. This model empowers the client to see choices.

SUMMARY AND CONCLUDING REMARKS

The identity development of the Latina lesbian has been highly influenced by the history of the Latina, the lesbian, and most notably, Christianity. It is important to accept the existence of cultural differences, and acknowledge culture as a valid and integral part of the Latina lesbian. It is also dangerous to interpret the Latina lesbian's problems as based solely on cultural issues. The counselor needs to be culturally competent and to conceptualize clinical and cultural issues as integral parts of the whole person. The work of the counselor is that of guiding, healing, advocating and supporting Latina lesbians in their day to day goal of staying healthy and balanced.

It was because of the work in this paper that attitudes regarding the Latina lesbian were reexamined. There was also the recognition of how much history influences thinking, values, and beliefs. It was saddening and slightly surprising to learn that in the name of Christianity certain people are judged, devalued, and were burned at the stake. This is a contradiction in personal interpretation of Christian thinking. It is no wonder that lesbians, Latinas, and Latina lesbians bring years and years of oppression into current beliefs. The work needs to start with the Latina lesbian herself. Understanding cannot be accomplished when there is fear of rejection by parents, brothers, and sisters. The perpetuation of this secret, an unspoken truth, distances the Latina lesbian from a family which is not given the opportunity to learn and understand about a family member whom they love. Personal goals would be to gain a better understanding of their lives, their hopes, their fears, and their dreams.

REFERENCES

Arguellas, L., & Rich., B. R. (1984). Homosexuality, homophobia, and revolution: Notes toward an understanding of the Cuban lesbian and gay male experience, part I. *Signs: Journal of Women in Culture and Society, 9*, 683-699.

Atkinson, D. R., Morten, G., & Sue, D. W. (1983). *Counseling American minorities: A cross-cultural perspective*. (2nd ed.). Dubuque, IA: Wm. C. Brown.

Avila, D. L., & Avila, A. L. (1980). The Mexican-American. In N. A. Vacc & J. P. Wittmer (Eds.), *Let me be me* (pp. 253-306). Muncia, IN: Accelerated Development.

Bernal, G. (1982). Cuban families. In M. McGoldrick, J. K. Pearce, & J. Giordano (Eds.), *Ethnicity & family therapy* (pp. 187-205). New York: Guilford Press.

Boulette, T. R. (1976). *Determining needs and appropriate counseling approaches for Mexican-American women: A comparison of therapeutic listening and behavioral rehearsal*. San Francisco: R and E Research.

Brooks, V. R. (1981). *Minority stress and lesbian women.* Lexington, MA: Lexington Books.

Bullough, V. L. (1979). *Homosexuality: A history.* New York: Meridian.

Carballo-Diéguez, A. (1989). Hispanic culture, gay male culture and AIDS: Counseling implications. *Journal of Counseling & Development, 68*(1), 26-30.

Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4,* 219-235.

Comas-Diaz, L. (1987). Feministy therapy with mainland Puerto Rican women. *Psychology of Women Quarterly, 11,* 461-474.

Crompton, L. (1980/1981). The myth of lesbian impunity. Capital laws from 1270 to 1791. *Journal of Homosexuality, 6,* 12-23.

Egan, G. (1975). *The skilled helper.* Monterey, CA: Brooks/Cole.

Espin, O. M. (1987). Issues of identity in the psychology of Latina lesbians. In Boston Lesbian Psychologies Collective (Eds.), *Lesbian Psychologies: Explorations & Challenges* (pp. 35-55). Chicago: University of Illinois Press.

Falicov, C. J. (1982). Mexican families. In M. McGoldrick, J. K. Pearce, & J. Giordano (Eds.), *Ethnicity & family therapy* (pp. 134-163). New York: Guilford Press.

Garcia-Preto, N. (1982). Puerto Rican families. In M. McGoldrick, J. K. Pearce, & J. Giordano (Eds.). *Ethnicity & family therapy* (pp. 164-186). New York: Guilford Press.

Kleinman, A. (1985, February). *Culture in the clinic.* Paper presented at the Third Annual Teachers College Roundtable for Cross-Cultural Counseling, Teachers College, Columbia University, New York, NY.

Melville, M. B. (Ed.). (1980). *Twice a minority.* St. Louis: C. V. Mosby.

Ortega, E., & Sternbach, M. S. (1989). At the threshold of the unnamed: Latina literary discourse in the Eighties. In A. Horno-Delgado, E. Ortega, M. N. Scott, & N. S. Sternbach (Eds.), *Breaking boundaries* (pp. 2-23). Amherst: The University of Massachusetts Press.

Pedersen, P. (1988). *A handbook for developing multicultural awareness.* Alexandria, VA: American Association for Counseling and Development.

Stewart, E. C. (1972). *American cultural patterns: A cross-cultural perspective.* Washington, D.C.: Intercultural Press.

Sue, D. W. (1981). *Counseling the culturally different.* New York: Wiley.

Tremble, B., Schneider, M., & Appathurai, C. (1989). Growing up gay or lesbian in a multicultural context. *Journal of Homosexuality, 17,* 253-267.

Vontress, C. E. (1976). Racial and ethnic barriers in counseling. In P. Pedersen, W. J. Lonner, & J. G. Draguns (Eds.), *Counseling across cultures* (pp. 42-64). Honolulu: University Press of Hawaii.

Zinn, M. B. (1980). Gender and ethnic identity among Chicanos. *Frontiers, 5,*(2), 16-24.

Supervising the Experienced Student Counselor

Stephany Joy

Differing developmental needs of the student counselor have been the focus of contemporary research. Of particular import is the finding that supervisees at differing levels of experience require different supervision experiences. The present article reviews the literature and summarizes the suggested supervision styles recommended for application with the "experienced student counselor," and makes recommendations for particular areas of focus in the supervision experience.

> "Psychotherapy is an undefined technique applied to unspecified problems with unpredictable outcome. For this technique we recommend rigorous training" (Raimy, 1950, p. 93).

The professions of counseling and psychology have made dramatic advances since this irreverent statement was published. Nonetheless, it continues to be maintained that "rigorous training" is central to the producing of skilled therapists. Supervised counseling practicum is traditionally recognized as a critical training component of counselor education, yet until recently, theory and research in the area of counseling supervision have been woefully inadequate.

The types of training that counselors receive in their training have changed strikingly over the years. Originally, when psychoanalysis dominated the field, therapy skills were learned through the process of a "training analysis" and the experiencing of the role of the client while observing the training analyst at work (Loganbill, Hardy, & Delworth, 1982). More recently, as other theoretical orientations emerged, supervision was directed toward training the individual in specific theoretical approaches and techniques (Bradley, 1989; Hess, 1980; Russell, Crimmings,

---

Stephany Joy, Ed D., is the Director of the University Counseling Center, Western Illinois University, Macomb, Illinois.

& Lent, 1984). In addition, uniquely didactic approaches have been utilized which emphasize specific skill building technologies and exercises within the supervision setting (Carkhuff, 1969; Ivey, 1971; Ivey, 1980; Kagan & Krathwohl, 1967).

More recently researchers have begun to address the changing nature of supervisory needs during the course of training. This approach to counselor supervision has been referred to as "Developmental Supervision" (Hogan, 1964), or as a "Counselor Complexity Model of Supervision" (Stoltenberg, 1981), or as "Differential Supervision" (Meredith & Bradley, 1989). Each of these models refers to the theoretical premise that counselors change in their abilities and needs as they gain counseling experience. Accordingly, the goal of supervision is to determine the level of development at which the supervisee is functioning and provide a supervisory environment which facilitates optimal trainee growth. The content of the supervisee's theory is generally irrelevant to this developmental approach, and supervisory interventions are determined by the supervisor's assessment of the stage of counseling development of the trainee (Bartlett, 1983; Miars, Tracey, Ray, Cornfield, O'Farrell, & Gelso, 1983; Worthington, 1987).

The bulk of the counselor supervision literature has been directed toward training the "neophyte" and uninitiated counselor (Stoltenberg & Delworth, 1987). However, evidence suggests that a significant percentage of counselor trainees at both the master's and doctoral levels already have considerable experience in the counseling field, and may already be functioning at the "Level 4," or highest developmental level. Wiley and Ray (1986) reported that 29% of their sample of 107 supervision dyads from nine training sites across the nation rated the counselors-in-training at Level 4 classification!

The thrust of the present paper will be to review the theoretical basis and empirical findings that suggest differential supervision strategies for working with Level 4, or the experienced student counselor as delineated by Stoltenberg's model (1981).

CHARACTERISTICS OF LEVEL 4 COUNSELORS

Readers are directed to comprehensive reviews of the Stoltenberg model (Miars et al., 1983; Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Worthington, 1987).

Stoltenberg, drawing from the foundational work of Hogan (1964), proposed that counseling trainees develop in a predictable way over the course of their training, and that concomitantly the quality of supervision should adapt to match the supervisee's needs and skills. Stoltenberg (1981) proposed four levels of development and suggested four related supervision styles to accompany each.

The Level 1 supervisee is dependent, insecure, uninsightful, but highly motivated. The supervisor environment needs to provide structure, instruction, and support.

Level 2 supervisees fluctuate between dependency and autonomy, and are beginning to have insight. Their supervisory environment needs less structure and instruction in order to encourage the development of autonomy.

Level 3 supervisees have increased confidence and skill and a greater sense of personal counselor identity and professional self-confidence. Stoltenberg (1981) described this supervision style as one best characterized by a "peer interaction" in which both supervisor and supervisee gain insight and support from the supervision situation.

Finally, the level 4 counselor marks the "master counselor." These persons are capable of independent practice, have awareness of personal limitations, and are insightful to self and client. He or she has "effectively integrated the standards of the profession within a personal value system" (p. 63). Some authors (Stoltenberg & Delworth, 1987; Worthington, 1984) suggested that counselors at this level no longer require supervision, in that at this level of functioning they have awareness of their limitations and will seek consultation as required. How then should they be dealt with within the supervision requirements of graduate training programs?

OPTIMAL SUPERVISION STYLES FOR LEVEL 4

Researchers and theoreticians both agree that the core component to effective supervision is the RELATIONSHIP between supervisor and supervisee (Bradley, 1989; Hutt, Scott, & King, 1983; Stoltenberg & Delworth, 1987). Regardless of past experience in the field, the supervisee enters the supervision experience with anxiety and the expectation of being "judged" (Hutt, et al., 1983). Furthermore, the stress and the new supervision situation may produce a "regression" of the supervisee to lower levels of performance (Stoltenberg & Delworth, 1987).

Thus, the first step in effective supervision is to establish the "working relationship," one in which the supervisee feels accepted and can be open (Blocher, 1983; Borders & Leddick, 1987). Hutt, et al. (1983) found that if this supportive relationship is absent, the entire supervision experience was perceived as ineffective! Likewise Moses and Hardin (1978) noted the importance of "relationship" and stated that a therapeutic relationship will set in motion and facilitate the supervisee's continuing personal growth. Bordin (1983) went so far as to say that "the amount of change is based upon the building and repair of strong alliances" . . . and the "building and repair process is the treatment" or supervision (p. 36).

Defusing what Hutt et al. (1983) termed the "up-down factor," or the tension associated with the status difference between supervisor and supervisee is a critical first step. When working with advanced students and experienced clinicians, Hart (1982) suggested the use of what he called a "collaborative" relationship with low hierarchical distance between supervisor and supervisee. In their interviews with post-master's supervisees, Hutt et al. (1983) found not only the expression of anxiety over the supervision experience for these "experienced" counseling students, but that positive supervision was described as perceptive and supportive, and one which actively engaged the supervisee in exploring the therapeutic process and personal concerns which interfered with effective interactions with clients. These supervisees noted that positive supervision was characterized by warm, accepting, and respectful interactions with the supervisor. There was a basic sense of understanding and trust, and the explicit expectation that "mistakes" can and will be made, and that these are not the equivalent of "failure," but opportunities to learn. With respect to the evaluation process, the supervisee and supervisor evaluated the supervisees' progress together, and identified areas for further development.

Cross and Brown (1983) found that while the beginning trainees emphasized the importance of task and skill learning more than the experienced trainees, the experienced trainees perceived their supervisors as engaging in more of a "relationship" with them. This "relationship" was felt to contribute to increased self-confidence and better outcomes with clients.

Rabinowitz, Heppner, and Roehlke (1986), Heppner and Roehlke (1984) and Miars, et al. (1983) all found a distinctive characteristic of the supervision of experienced counselors. Trainees at these more advanced levels were more open to examining *personal* issues that might be affecting their counseling performance. Some of these issues included confronting a personal blind spot, and issues such as resistance, transference, and counter-transference. The "critical incidents in supervision" most frequently reported by experienced supervisees involved the resolution of personal issues which were found to affect the counseling process. One can see there becomes a delicate overlap between therapy and supervision when working with these experienced counselors, and the focus of supervision may well become the "fine tuning" of the student counselor him or herself as the primary "instrument" in the therapy process (Goodyear, Bradley, & Bartlett, 1983; Littrell, Lee-Borden, & Lorenz, 1979).

Worthington (1984) noted that skills at conceptualization and intervention are needed throughout all levels of experience. His opinion was there are "spirals" or repetitions in learning which produce progressively more integrated learnings throughout counselor development. This was supported by Rabinowitz et al. (1986) who found that experienced student counselors preferred supervisory interventions which were related to the reframing, conceptualizing, or refocusing of problem situations.

An additional potential dilemma for the experienced counselor was found by Reising and Daniels (1983) in their survey of counseling psychology interns. They found that the Ph.D. level (experienced) interns needed considerably less validation of their work by their supervisors than did the less experienced counselors, however, they also reported more "commitment ambivalence." The authors felt this may reflect a "development" phase in which the counselor experiences doubts about the overall helpfulness of counseling, doubts about their own personal problems, and frustration with the ambiguity and imperfection of the counseling process itself. This hard dose of "reality," the awareness of the tediousness, slowness, and imprecision of the counseling process, appears to be an important potential issue of which supervisors of advanced students need to be sensitive.

Taking yet another approach to understanding the supervision process, several researchers have surveyed the supervisors.

Interestingly, the bulk of the empirical research validates that supervisees are perceived by supervisors to differ in developmental level, and indeed, supervisors are varying their supervision style "intuitively" to accommodate the level of needs of the supervisee (Cross & Brown, 1983; Miars et al., 1984; Reising & Daniels, 1983; Wiley & Ray, 1986). For the experienced or "advanced level" counselors, supervisors tended to emphasize personal development, tackling client resistance, and dealing with transference/counter-transference issues. The supervision environment itself was less structured, with a lesser degree of direct teaching involved. Instead, the supervisors tended toward a much more collegial atmosphere and were more likely to self disclose and to share personal experiences. Additionally, the use of "co-counseling" as a supervision mode has been reported to be particularly useful for working with experienced counselors (Joy & DeVolder, 1983; Silverman & Quinn, 1974).

Sansburg (1982) neatly summarized the goals to be sought when supervising the experienced student counselor:

1. To broaden and to redefine the students' understanding of client dynamics.
2. To learn the types of clients and client problems with which one is most effective.
3. To examine personal issues that are activated by the therapy experience.
4. To learn greater reliance on the self in the counseling situation.

Sansburg (1982) continued by challenging supervisors to confront the supervisee with discrepancies between what they "say" and what they "do," to support increasing risk taking, to help supervisees with personal issues, and to assist the student in the process of self evaluation of strengths and weaknesses. Blocher (1983) suggested that for each learner there is an optimal blend of challenge, support, structure, involvement, feedback, innovation, and integration. Bordin (1983) expanded the perspective by offering the following "Goals of the Supervisory Working Alliance":

1. Master of specific skills.
2. Enlarging one's understanding of clients.
3. Enlarging one's awareness of process issues.
4. Increasing awareness of the self, and one's impact on the counseling process.

5. Overcoming personal and intellectual obstacles to learning and mastery.
6. Deepening one's understanding of counseling concepts and theory.
7. Providing a stimulus and encouragement for research.
8. Maintenance of standards of service.

For the supervisor, then, the process of supervision becomes nearly an art form, one in which "a cycle of systematic planning, observation, diagnosis, change, and renewed planning are designed" (Hoy & Forsyth, 1986, p. 47).

CONCLUSION

If nearly one third of counselors-in-training are already functioning at the level 4 of development, as Wiley and Ray (1986) suggested, this offers a unique challenge and opportunity for counselor educators. The needs of these experienced student counselors are distinctive from those of the neophyte counselor. In particular, experienced counselors require not only continued support from the supervisor, but also need to be challenged in distinctive ways. The experienced student counselor may need to focus less on basic skill building or "techniques," and instead may best benefit from working with transference/countertransference issues, personal "blind spots," and ways he/she may personally affect the counseling process. Additionally, the experienced student counselor may grapple with the frustrating reality of the slowness and imprecision of the counseling process.

There remains a great deal of work to be done to better understand the supervision needs of the experienced counselor. It is important to note that the bulk of the research has been done with counseling psychology or clinical psychology practicum and intern students. One wonders if the counselor education programs are indeed parallel, as is assumed. As Boyd (1978) and Loganbill et al. (1982) noted, the current data on supervision seems to have emerged from scattered training programs from other disciplines which then are synthesized into what we hope is not a "procrustean bed" for counselor education students. There remains an absence of data on *client outcome*, which is the ultimate measure of effective supervision. Hart and Falvey (1987) noted in their survey of the North Atlantic Region supervisors in community agencies where master's level counselors were assigned for practicum and internship training, that supervisors have had little formal training in supervision. Although the research affirms the hypothesis that supervision improves counseling (Biasco & Redfering, 1976) a great deal more information is needed to clarify the ways the developmental transitions occur between stages of counselor development, what supervisory interventions will engage supervisees at differing levels of training, and which will maximize trainee growth.

There are, perhaps, more questions than answers with respect to counselor supervision. This creates a special challenge to counselor educators. Will we continue to train our upcoming generation of professional counselors with untrained supervisors? Or, is the counseling profession itself ready to move to yet another developmental level and to begin to examine with seriousness and scientific rigor the multiple complexities involved in the education and supervision process of the counselor-in-training?

REFERENCES

Bartlett, W.E. (1983). A multidimensional framework for the analysis of supervision of counseling. *The Counseling Psychologist, 11*, 9-17.

Biasco, F. & Redfering, D.L. (1976). Effects of counselor supervision on group counseling: Client's perceived outcomes. *Counselor Education and Supervision, 15*, 216-220.

Blocher, D.H. (1983). Toward a cognitive developmental approach to counselor supervision. *The Counseling Psychologist, 11*, 27-34.

Borders, L.D. & Leddick, G.R. (1987). *Handbook of clinical supervision*. Alexandria, VA: Association for Counselor Education and Supervision.

Bordin, E.S. (1983). A working alliance based model of supervision. *The Counseling Psychologist, 11*, 35-42.

Boyd, J. (1978). *Counselor supervision: Approaches, preparation, practices*. Muncie: IN: Accelerated Development.

Bradley, L.J. (Ed.). (1989). *Counselor supervision: Principles, process, & practice*. Muncie, IN: Accelerated Development.

Carkhuff, R.R. (1969). *Helping and human relations*. New York: Holt, Rinehart, & Winston.

Cross, D.G. & Brown, D. (1983). Counselor supervision as a function of trainee experience: Analysis of specific behaviors. *Counselor Education and Supervision, 22*, 333-341.

Goodyear, R.K., Bradley, F.O., & Bartlett, W.E. (1983). An introduction to theories of counselor supervision. *The Counseling Psychologist, 11*, 19-20.

Hart, G.M. & Falvey, E. (1987). Field supervision of counselors in training: A survey of the North Atlantic region. *Counselor Education and Supervision, 26*, 204-212.

Hart, G.M. & Falvey, E. (1987). Field supervision of counselors in training: A survey of the North Atlantic region. *Counselor Education and Supervision, 26*, 204-212.

Heppner, P. & Roehlke, H. (1984). Differences among supervisees at different levels of training: Implications for a developmental model of supervision. *Journal of Counseling Psychology, 31*, 76-90.

Hess, A.K. (Ed.). (1980). *Psychotherapy supervision: Theory, research, and practice*. New York: Wiley.

Hogan, R.A. (1964). Issues and approaches in supervision. *Psychotherapy: Theory, Research, and Practice, 1*, 139-141.

Hoy, W.K. & Forsyth, P.B. (1986). *Effective Supervision: Theory into Practice*. New York: Random House.

Hutt, C.H., Scott, J., & King, M. (1983). A phenomenological study of supervisee's positive and negative experiences in supervision. *Psychotherapy: Theory, Research, and Practice, 20*, 118-123.

Ivey, A.E. (1971). *Microcounseling: Innovations in Interviewing Training*. Springfield, IL: Thomas.

Ivey, A.E. (1980). *Counseling and Psychotherapy: Skills Training and Practice*. Englewood Cliffs, NJ: Prentice Hall.

Joy, S. & DeVolder, M. (1984). Co-therapy as a training experience and burnout preventative. *IGPA Quarterly, 94*, 14-17.

Kagan, N. & Krathwhol, D.R. (1967). *Studies in Human Interaction: Interpersonal Process Recall Stimulated by Videotape*. East Lansing, MI: Michigan State University.

Littrell, J.M., Lee-Borden, N., & Lorenz, J.R. (1979). A developmental framework for counseling supervision. *Counselor Education and Supervision, 19*, 129-136.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist, 10*, 3-42.

Meredith, R.C. & Bradley, L. (1989). Differential supervision: Roles, functions, and activities. In L.J. Bradley (Ed.), *Counselor supervision: Principles, process, and practice*. (pp. 301-373). Muncie, IN: Accelerated Development.

Miars, R.D., Tracey, T.J., Ray, P.B., Cornfield, J.L., O'Farrell, M., & Gelso, C.J. (1983). Variation in supervision process across trainee experience levels. *Journal of Counseling Psychology, 30*, 403-412.

Moses, H. & Hardin, J. (1978). A relationship approach to counselor supervision in agency settings. In J. Boyd (Ed.), *Counselor Supervision*. (pp. 441-480). Muncie, IN: Accelerated Development.

Rabinowitz, F.E., Heppner, P.P., & Roehlke, H.J. (1986). Description study of process and outcome variables of supervision over time. *Journal of Counseling Psychology, 33*, 292-300.

Raimy, V.C. (Ed.). (1950). *Training in clinical psychology*. New York: Prentice-Hall.

Reising, G.N., & Daniels, M.H. (1983). A study of Hogan's model of counselor development and supervision. *Journal of Counseling Psychology, 30,* 235-244.

Russell, R.K., Crimmings, A.M., & Lent, R.W. (1984). Counselor training and supevision: Theory and research. In S.D. Brown and R.W. Lent (Eds.), *Handbook of counseling psychology* (pp. 625-681). New York: Wiley.

Sansburg, D.L. (1982). Developmental supervision from a skills perspective. *The Counseling Psychologist, 10,* 53-57.

Silverman, M.S. & Quinn, P.F. (1974). Co-counseling supervision in practicum. *Counselor Education and Supervision, 13,* 256-260.

Stoltenberg, C.D. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28,* 59-65.

Stoltenberg, C.D. & Delworth, U. (1987). *Supervising counselors and therapists: A developmental approach*. San Francisco: Josey Bass.

Wiley, M.O. & Ray, P.M. (1986). Counseling supervision by developmental level. *Journal of Counseling Psychology, 33,* 439-445.

Worthington, E.L. (1984). Empirical investigation of supervision of counselors as they gain experience. *Journal of Counseling Psychology, 31,* 63-75.

Worthington, E.L. (1987). Changes in supervision as counselors and supervisors gain experience: A review. *Professional Psychology: Research, and Practice, 18,* 189-208.

Book Review

Reynolds, D.K. (1984). *Constructive living*. Honolulu: University of Hawaii Press. 106 pp., $9.50.

Reynolds, D.K. (1984). *Playing ball on running water: Living Morita psychotherapy: The Japanese way to building a better life*. New York: Quill. 180 pp., $7.95.

Reynolds, D.K. (1986). *Even in summer the ice doesn't melt: Constructive living the Japanese way through Morita & Naikan therapies*. New York: Quill. 162 pp. $7.95.

Reviewed by Jeffrey K. Edwards

At last count, there were over 260 forms of psychotherapy or counseling, each having relatively the same effect (Smith, Glass, & Miller, 1986; Stiles, Shapiro, & Elliott, 1986). So why do three books about a therapy that is fairly strange to Western mentality get me excited? Because Morita therapy is action oriented, and has the potential for helping empower our clients more than most therapies. Many clients may, in fact, question why they even came to therapy in the first place. Morita therapy is similar to brief solution focused therapies, and is also credited with giving substance to Gestalt Therapy. There is a lot to learn from these books.

The therapy of Japanese Psychiatrist Dr. Shoma Morita, as interpreted by David Reynolds, is a way of *being* based on Zen principles. These principles are common sense, but also foreign to our Western psychology. For instance, our understanding of change is very different from the Eastern view, as illustrated by the views of two of my practicum students. These two students were having a discussion about the nature of change in their clients. One student said that she believed change was very difficult for most of her clients. The other student, who had been exposed to Eastern views countered by saying that he believed that, on the contrary, change was inevitable. "The more one studies the religious and philosophical texts of the Hindus,

---

Jeffrey K. Edwards, Ed.D. is an assistant professor, Department of Counselor Education, Northeastern Illinois University, Chicago, IL, and in a private practice of counseling and supervision in Wheaton and Elmhurst, IL.

Buddhists and Taoists, the more it becomes apparent that in all of them the world is conceived in terms of movement, flow and change. This dynamic quality of Eastern philosophy seems to be one of its most important features'' (Capra, 1983, p. 178). Not coincidentally, it was with this appreciation in mind that Stuart Brand (1976) changed the concept of homeostasis in human systems, to homeodynamics, as it more aptly defined what really happens to us.

Reynolds' books present, sometimes in simple case history form, and other times in metaphorical stories or Zen Koans, the concepts of this philosophy and practice. Many of the stories are powerful and speak to the unique situations of our clients in ways we may not be able to verbalize.

A sampling:

> I have no pleasure in life.
> How does that cola taste?
>
> I've always had this desire to break through the ordinary, to go beyond—
> Your shoe is untied.
>
> After all, I have choices.
> Name some.
>
> I just don't seem to have time to do what I know needs to be done.
> Let's take a look at yesterday. What time did you get up?
> (Reynolds, 1986, pp. 43-45)

What is presented in these small, very readable books, is a philosophy of life that suggests that we may take our problems (neurosis) far too seriously, and that the cure is not long term psychotherapy. Rather, the cure is looking at our view of the problem square in the face, and then *doing* something about it. Get action oriented. See the present. Be in the present. Enjoy life. Do something!!

Morita therapy resists the notion that all of our ills are sicknesses which we cannot control. It puts the client back in the drivers seat of life, focusing on possibilities, and an acceptance of life as a process rather than an event.

Morita therapy, as presented by David Reynolds, is a wonderfully alive and very real philosophy of life, and a marvelous proscriptive therapy. Read these books. I know you will like them, and your clients will find the ideas you steal very useful.

REFERENCES

Brand, S. (1976). Homeostasis. In K. Wilson (Ed.), *The collected works of the Biological Computer Laboratory* (pp. 223-298). Peoria, IL: Illinois Blueprint Corporation.

Capra, F. (1983). *The tao of physics*. New York: Bantam Books.

Reynolds, D.K. (1986). *Even in summer the ice doesn't melt: Constructive living the Japanese way through Morita & Naikan therapies*. New York: Quill. 162 pp. $7.95.

Smith, M.L., Glass, G.W., & Miller, T.I. (1980). *The benefits of psychotherapy*. Baltimore: Johns Hopkins University Press.

Stiles, W.B., Shapiro, D.A., & Elliott, R., (1986). "Are all psychotherapies equivalent?" *American Psychologist*, 41, 165-180.

THERE IS A WONDERFUL
OPPORTUNITY WAITING FOR YOU!

THE QUARTERLY NEEDS MANUSCRIPTS

The *Quarterly* needs manuscripts.
So write! Write! Write!

If you have ideas,
and you are willing to work on them,
please write to us.

If you need ideas as to what to write
about, we have many, many ideas.
Please contact us.

WE NEED MANUSCRIPTS!

IACD OFFICERS

PRESIDENT
Dean Van Diver
Springfield

PAST PRESIDENT
Twyman Jones
Normal

SECRETARY
Robin Smith
La Grange Park

TREASURER
Edward Hamann
Peoria

PRESIDENT ELECT
George Altha McCoy
Lombard

ADMINISTRATIVE COORDINATOR
Twyman Jones
Normal

PARLIAMENTARIAN
Lori Russell
Peoria

EXECUTIVE BOARD

Bette Toborg
Darien (1994)

Marlyse Anderson
Rock Island (1993)

J. D. Hawkins
Normal (1992)

Anna Marie Yates
Arlington Heights (1994)

Mary Lou Hawkins
Salem (1993)

Robert Watters
Rock Island (1992)

IACD DIVISIONS

IAMCD
Angelo Chavers
Chicago

IAMECD
Chuck Eberly
Charleston

ICDA
Diane Kjos
Mokena

ICPA
Robert Abene
Northbrook

IMHCA
Janet Hansen
Chicago

ISCA
Owen McCorkle
Decatur

ICES
French Fraker
Champaign

IACD
quarterly

department of educational
psychology and guidance
Eastern Illinois University
Charleston, Illinois 61920

Second Class
POSTAGE PAID
Charleston, Illinois 61920
USPS 451-660

IACD quarterly

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Contents:

- Culture and Mental Health: Practical Issues Affecting Mexican Americans
- Inner Child Healing
- An Effective Counseling Model for Treating the African-American Family
- Book Reviews (Marriage and Family Counseling)

CG025198

Number 126
Summer, 1992

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

IACD

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

EDITORIAL BOARD

IACD
quarterly

SUMMER 1992

Diane L. Kjos, Ph.D. (1991)
Division of Psychology and Education
College of Education
Governors State University
University Park, IL 60466

Rick Meyer, Ph.D. (1991)
Department of Educational Psychology
and Special Education
Northern Illinois University
DeKalb, IL 60115-2854

Jeffrey K. Edwards, Ed.D.
Department of Counselor Education
Northeastern Illinois University
Chicago, IL 60625-4699

Deborah Gouch, Ph.D. (1992)
Communicative Disorders
Northern Illinois University
DeKalb, IL 60115-2854

Lori Ann Russell, Ph.D. (1992)
Bradley University
College of Education
and Health Sciences
217 Westlake
Peoria, IL 61625

William McFarland, Ph.D. (1992)
1306 Campusview Drive
Macomb, IL 61455

Anita Curtis, Ph.D. (1993)
403 Fairchild Hall
Illinois State University
Normal, IL 61761-6901

Jo Ann Hummers, Ed.D. (1993)
Counseling Center
Western Illinois University
Macomb, IL 61455

Edward E. Hamann, Ed.D. (1994)
Quad Cities Graduate Study Center
Western Illinois University
Rock Island, IL 61201

EDITOR
M. Illovsky, Ph.D.
Western Illinois University
Macomb

ASSOCIATE EDITOR
Joan Green
Western Illinois University
Macomb

ASSISTANT EDITOR
Margaret Frohne

MANAGING EDITOR
Donald Moler
Eastern Illinois University
Charleston

THE IACD QUARTERLY (USPS 451-660) is the official publication of the Illinois Association for Counseling and Development. The QUARTERLY serves the common interests of counselors and personnel workers in the State of Illinois.

MANUSCRIPTS: Address all correspondence to the editor: M. Illovsky, Ph.D., Memorial Hall, Western Illinois University, Macomb, IL 61455.

MEMBERSHIP: Membership in IACD includes a subscription to the IACD QUARTERLY. Membership information may be obtained from: Twyman Jones, P.O. Box 955, Normal, IL 61761-0955.

CHANGE OF ADDRESS: Notification of address change of subscriber or member should be sent at least five weeks in advance of publication. Undelivered copies resulting from address changes will not be replaced; subscribers should notify the post office that they will guarantee second class forwarding postage. Other claims for undelivered copies must be made within four months of publication.

PUBLICATION OFFICE: Department of Educational Psychology and Guidance, Eastern Illinois University, Charleston, IL 61920.

POSTMASTER: Send form No. 3579 to: Donald L. Moler, Eastern Illinois University, Charleston, IL 61920.

THE ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT QUARTERLY is printed quarterly (FALL, SPRING, SUMMER, WINTER) by the Illinois Association for Counseling and Development and Eastern Illinois University. Second class postage paid at Charleston, IL 61920.

Illinois Association for
Counseling and Development **IACD**

Table of Contents

Culture and Mental Health: Practical Issues Affecting Mexican Americans
Mark S. Kaplan & Suzanne A. Faikus 2

Inner Child Healing
Margaret Nichols 16

An Effective Counseling Model for Treating the African-American Family (reprint)
Jay T. Willis 21

Book Reviews (Marriage and Family Counseling)

D. Fenell & B. Weinhold
Counseling Families: An Introduction to Marriage and Family Therapy 34

John F. Crosby
Illusion and Disillusion: The self and love in marriage 38

D. Williamson
The Intimacy Paradox 40

H. Goldenberg & Irene Goldenberg
Counseling Today's Families 42

L. Sperry & J. Carlson
Marital Therapy: Investigating Theory and Technique 45

IACD is a state branch of the American Association for Counseling and Development (AACD) and adheres to the Ethical Standards subscribed to by AACD.

Contents of this journal are copyrighted.

Culture and Mental Health: Practice Issues Affecting Mexican Americans*

Mark S. Kaplan
and
Suzanne A. Faikus

Between 1980 and 1990, the Latino population in Illinois increased by about 42 percent. According to recent census data, individuals of Mexican descent are the largest and fastest growing Latino group in this state. This paper will explore the following questions: What knowledge base, conceptual formulations and skills might be required of mental health professionals in order to better respond to the particular needs and dispositions of Mexican Americans? Should professional values be modified in light of the new ethnic realities? What are the implications of a new world view which embraces an inclusive, positive regard for our diverse global society? Finally, the differences and similarities within and between cultural groups as well as the risks and benefits of acculturation will be explored.

> The segregationist attitudes seem to magnify racism. You know, we're all human beings on this earth. We just happen to have some slightly different backgrounds. Ultimately we have to look at a person for the values they represent regardless of skin color or cultural heritage. We're all immigrants or from immigrant stock. We're a microcosm of the world, the most heterogeneous country in the world, and that's what gives us our strength. And it's something we need to project.
>
> Jesus Hinojosa (quoted in Davis, 1990, p. 408)

Rapidly growing minority populations will soon change the ethnic makeup in Illinois and in the rest of the nation. "By the year 2000, racial/ethnic minority populations will constitute 30% of the total U.S. population; and sometime during the 21st century,

---

based on a 1991 IACD Convention presentation

Mark S. Kaplan, Dr. P.H., is at the School for Social Work, University of Illinois Urbana-Champaign, Champaign. Suzanne A. Faikus, MSW, is a recent graduate of the School for Social Work, University of Illinois Urbana-Champaign, Champaign.

the current White majority will become the nation's numerical minority group" (Ponterotto & Casas, 1991, p. 3). Ponterotto and Casas hold that while cultural competency is certainly necessary, multicultural training too often simply perpetuates the status quo by imposing white-male-euro-anglo-middle-class culturally-biased standards. In order to arrive at a fully developed culturally competent awareness mental health professionals must understand the reality of the populations they serve in order to avoid putting them in a category of "Other" or "Deviant."

In this paper we will present a general view of the importance of understanding not only the differences *between* ethnic groups, but also the differences *within* as well. In connection to this, we will also examine some of the risks associated with the process of acculturation.

ETHNIC SENSITIVE PRACTICE: CONCEPTUAL FOUNDATIONS

The following discussion addresses some of the basic conceptual issues involved in ethnic sensitive practice. Before turning to these issues, it is important to raise several questions that often arise in connection to cross-cultural practice. Does the current interest in cultural diversity among mental health professionals reflect practical and/or philosophical concerns? Is it a ploy to "manage" the rapidly changing ethnic composition or an attempt to establish a genuine pluralistic society? On the more practical side, is cultural competence a practice paradigm or just a tool? Is it a process or a goal? If it is the latter, will it lead to a more tolerant society, one that gives diverse ethnic groups the right to cultural survival (Lipset, 1990)?

Although these questions raise some doubts about the underlying reasons for this new perspective for practice, we contend that cultural competency and multicultural awareness reflect what could be a new world view. While invalidating the eurocentric paradigm, this new world view embraces an inclusive, positive regard for the diverse global society we have become.

This new perspective implies an ethnic-sensitive practice which does away with stereotypical, hierarchical barriers between counselors and clients. According to a redefinition of multicultural counseling by Speight, Myers, Cox, and Highlen (1991), all counseling is multicultural because "all humans differ in terms of cultural background, values, or lifestyle" (p. 29). We propose that mental health professionals move beyond a dichotomizing (either-or) view to an inclusive (both-and) perspective that includes a recognition of universal humanness that emphasizes intrinsic worth. This approach reflects a world view that is a balance of cultural specificity, human universality, and individual uniqueness (Myers, 1988).

This new world view is especially helpful because people do not fit neatly into one category. Most people have multiple identities because they differ in "sex, age, race/ethnicity, affectional-sexual orientation, and religion" (Reynolds & Pope, 1991, p. 174). Often, caught between conflicting identities, the individual must choose one and deny the rest. For example, a gay Mexican American man experiencing racism in the gay community and homophobia in the Mexican American community may be forced to choose to identify with only part of himself and ignore the other (Reynolds & Pope, 1991). Even simple discourse between males and females may be problematic because of different socialized communication patterns (Tannen, 1990). A healthy sense of self in a multidimensional world view, according to Myers et al. (1991), is one that integrates all identities plus includes ancestors, those yet unborn, nature, and community. This is a sense of personhood "based on the realization of the interrelatedness and interdependence of all things . . ." (p. 60).

Until this new level of consciousness is achieved, however, mental health professionals must continue to become more knowledgeable of the multiple identities that we will work with, not to stereotype them into categories, but to understand their realities. Self and reality are not experienced the same in all cultures. The western reality tends to be dichotomized and static: reality is out there, and self is object. In contrast, other cultures experience self as process, and reality is not separate (Marsella, 1985). This difference has an impact on how complaints are presented, how mental distress is manifested, and how mental health services are utilized.

Differences in expression of mental distress often manifest themselves in somatic symptoms rather than psychological ones. Kaplan & Marks (1990) suggest that people from non-Anglo cultures tend to express psychological distress physically. This might occur because non-Western cultures experience self as diffuse and not separated from a wide variety of significant others.

Since this unindividuated self is not isolated from others, distress will be experienced in the body as opposed to the mind (Marsella, 1985). Language also influences expression of symptoms. Non-western cultures have less differentiated language for expressing emotions and they tend to not differentiate between mind and body, thus symptoms will be expressed in somatic terms (Guarnaccia, Angel, & Worobey, 1989; Marsella, 1985). These conceptual foundations are points where mental health professionals can begin to explore what is reality for a person who may be different from ourselves (Galanti, 1991).

FOCUSING ON HISPANICS

In order to apply these conceptual foundations to practice and illustrate the differences between and within cultural groups, we will focus on Hispanic-Americans, the fastest growing and second largest minority group after African-Americans (Ponterotto & Casas, 1991). "The term 'Hispanic' is a[n "official"] label of convenience utilized to refer to those individuals who reside in the United States and who were born in or trace the background of their families to one of the Spanish-speaking Latin American nations or to Spain" (Marin & Marin, 1991). Other labels, which these people themselves may prefer, include Latino (a more personal ethnic affiliative term), Chicano (a term with political connotation and indicating Mexican descent), and La Raza (used mostly in the southwest). The problem with "labeling and [the] setting of group boundaries" using various definitions such as "language, country of origin of parents [and] Spanish surname [result in] nonequivalent definitions . . ." (Hayes-Bautista, 1980, cited in Singer, Flores, Davidson, Burke, Castillo, Scanlon, & Rivera, 1990, p. 73), making it difficult to place all Hispanics into a homogeneous group.

People who are Hispanic share common cultural values, but can be quite different in other ways. In fact, "the differences are greater than the similarities" (Hayes-Bautista, 1980 cited in Singer et al., 1990, p. 72). As a non-racial group, they do share the following socio-demographic characteristics: (1) they are primarily residents of urban areas (87%); (2) they are very young compared to the rest of the population (median age 25.5 in 1988); (3) a large portion of households are headed by a woman (21.5%); (4) the average education level is lower than for the country as a whole;

(5) median income is lower. The number of families below the poverty line increased to 28.1% up from 26.2% a year ago, and more than double the national poverty rate of 13.5%; (6) occupational status is largely blue collar, semi-skilled jobs, with a high proportion of unemployed (10% in 1990). Hispanic populations comprise 30% of assembly line jobs or industries like construction (vs 19% in non-Hispanic), and 17% in the service industry (vs 10% in non-Hispanic); (7) the majority of Hispanics speak Spanish at home (63%) and 25% speak little or no English (Barringer, 1991; Marin & Marin, 1991).

Hispanics have been settling in what is today United States territory since 1513. The United States today is the "5th or 4th largest Spanish speaking country in the world, depending on how the numbers are read" (Weyr, 1988, p. 3). The numbers are confusing, because it is impossible to know exactly how many illegal aliens there are. There are enough legal and illegal immigrants entering the U.S. each year (in the millions) to ensure that Hispanic culture and language will be constantly renewed (Weyr, 1988).

THE MYTH OF HOMOGENEITY

In Illinois, there has been a 42% increase in the Spanish-language heritage population from 1980 to 1990, according to the census bureau. Hispanics are not a homogeneous group, consisting of Cubans, Mexicans, Puerto Ricans, and others, mostly from Central and South America. Each group has its own unique characteristics, just as individuals have their own idiosyncracies. Mental health professionals must be careful not to emphasize difference to the point that a sense of personal identity is lost. The danger lies in treating client populations as stereotypical statistics rather than people. To illustrate, we will describe the different Hispanic groups.

There are approximately 29 million Hispanics in the United States. Mexicans (13.3 million) are the fastest growing group (2nd largest minority group in U.S. after Puerto Ricans). They are more segregated and younger, poorer, and less educated than other Hispanic groups. Some descend from the people who lived in the part of Mexico that was given to the United States after the Mexican American war in 1848. Others migrated from Mexico to work as laborers in agriculture or industry. The majority live in the Southwestern states.

Cubans are the most affluent, oldest in median age, and less likely to be segregated. Many came to the U.S. for political reasons. Waves of immigration began with upper-class Cubans coming here for business opportunities—then a more middle class group fleeing the revolutionary government in 1959—and finally the more recent refugees, who are less skilled. The majority of Cubans live in Dade County, Florida.

Puerto Ricans are the poorest and include a large youthful population raised in the U.S. They often feel uprooted because of their ties with the island. Puerto Ricans first came to the United States in the early years of this century as sugar workers or cigar makers. U.S. citizenship and low cost transportation (as well as family ties) encouraged migration to and from the island.

"Other Hispanics" came from 17 countries, mostly Central and South America. This is quite a diverse group ranging from assimilated families producing many generations of professionals to political refugees (Community Renewal Society Report, 1985; Marin & Marin, 1991).

AWARENESS OF ACCULTURATION

In addition to the political, historical, and cultural differences *between* these groups, there is a noticeable difference *within* the specific groups. One critical factor that might help us to understand the differences within a cultural group is the process of acculturation; defined here as the change that occurs as a result of contact between cultural groups.

Change as a result of acculturation may occur along several dimensions (e.g. beliefs, values, and behavioral practices) and be measured as a group or individual level phenomenon. This process is similar to the problem with multiple identities discussed earlier; the issues are: (1) whether or not one's cultural identity is valuable enough to retain; and (2) whether or not "positive relations with the larger, dominant society" should be sought (Berry & Kim, 1988). Varying degrees of stress result from how much or little these cultural identities are balanced and integrated in each individual or group. When new immigrants move to another country they will invariably acculturate to some lesser or greater extent to the host culture. The question is whether higher acculturation promotes psychological or physical well-being and to what extent do cultural factors enhance the risk of susceptibility to psychological or physical illness.

PSYCHOSOCIAL EFFECTS OF ACCULTURATION

Given this focus, the following discussion will examine the effect of acculturation on Mexican Americans. Recent findings (Kaplan & Marks, 1990) indicate that fully embracing the new culture and leaving behind the old is *not* the healthiest method of adaptation. For example, as part of the Epidemiological Catchment Area (ECA) study of Mexican Americans and Mexican immigrants in Los Angeles, researchers found significant associations between higher levels of acculturation and psychological disorders including: substance abuse or dependence, phobia, and antisocial personality (Robins & Regier, 1991). Another study (Portes & Rumbaut, 1990) found that "a pervasive sense of cultural heritage was *positively* related to mental health and social well-being among both immigrants and native Mexican Americans" (p. 168). Kaplan and Marks (1990) also found that young Mexican Americans' aspirations for social and economic mobility may have potentially harmful effects on their overall mental health status. The level of distress may be higher among the *less* acculturated than the more acculturated because of stresses experienced when the former, still intimately tied to Mexican culture, are exposed to conflicting beliefs, attitudes, and practices of the new culture, but are not equipped with strategic traits to obtain the goals valued in that new culture. On the other hand, *increased* acculturation may lead to higher expectations regarding the achievement of social and economic status in the dominant society which may be frustrated by discrimination, prejudice, and exclusion (Kaplan & Marks, 1990). Hoppe, Garza-Elizondo, Leal-Isla, & Leason (1991) found that U.S. born Mexican American women had a rate of depression more than three times higher than for those born in Mexico. Individualized values of the Anglo culture may detach the individual from family and ethnic group members leading to interpersonal conflict and alienation from a valuable (ethnic) support system.

In addition to the loss of an ethnic-base of social support, acculturation often involves the adoption of potentially unhealthy behaviors. For example, Hispanic women of child bearing age who are more acculturated smoke and drink more and are consequently at risk for giving birth to low birth weight infants (Scribner & Dwyer, 1989). In fact, Caetano (1987) found that "More acculturated women have five times more chance of being drinkers than women in the low acculturation group . . ." (p. 797). Caetano and Medina Mora (1988) found that Mexican American men and women drink more than their Mexican cohorts. Similarly, Burnam, Hough, Marvin, Escobar, & Telles (1987) found that the prevalence of lifetime histories of drug abuse/dependence postively correlated with increasing acculturation in the Los Angeles ECA sample of Mexican Americans.

The acculturative outcome is influenced by many variables. Mental health professionals must recognize that differences within Mexican Americans occur as a result of generation, education, socioeconomic status, self-identity, and the attributes and perceptions of the larger society. How should mental health professionals deal with the question of acculturation with their clients? There are no easy answers, because these clients are juggling multiple identities, multiple oppressions, and are trying to figure out which identity to identify with (Reynolds & Pope, 1991). They must weigh the costs and benefits of identifying with the dominant culture, which means opportunity for upward mobility versus a corresponding (possible) decline in mental health status. Policy and practice may need to be altered in response to the evidence that the melting pot (i.e., the assimilative mode of cultural adaptation) ideal of acculturation could be flawed. Urging rapid acculturation may not be in the best interests of the client. Do we want a homogenous society or a balance of diversities that are seen as a positive contribution to the richness of society?

IMPACT OF ACCULTURATION ON BASIC HISPANIC CULTURAL VALUES

Many counselors believe they are neutral and value free, when in reality they are unconsciously (unwittingly) impose on their culturally different clients the attitudes and values held by the majority class that bestowed their training (Ponterotto & Casas, 1991). The impact of imposed acculturation on basic Hispanic cultural values may result in clients giving up strengths that they already have in an effort to adapt. The following is a description of a few of these cultural strengths as presented by Marin and Marin (1991).

Allocentrism — group orientation (needs, objectives, and points of view of an ingroup) rather than individualism. Personal interdependence, field sensitivity, conformity, readiness to be influenced by others, mutual empathy, willingness to sacrifice for the group, preference for nurturing, loving, intimate and respectful interpersonal relationships are valued.

Simpatia — promoting smooth harmonious social relationships with dignity and respect and avoiding personal conflict. Emphasizing positive behaviors in agreeable situations and deemphasizing negative behaviors in conflictive circumstances. Small talk ("la platica") and easy agreeing are important.

Power Distance — supporting the existence of power differentials. Conformity and obedience are valued as well as deference to authority. Personal power is acknowledged by showing respect and face-saving gestures.

Personal Space — feeling comfortable when physically close to others. They may think Non-Hispanics are cold and distant because they always move away.

Time Orientation — a more flexible attitude toward time. More value is placed on the quality of interpersonal relationships than on the length of time or efficiency of meetings.

Gender Roles — defined behaviors for men and women which are often misunderstood. Males are generally expected to be strong, in control and providers (machismo). Women are expected to be submissive (marianismo).

Familism — strong attachment to extended family (blood and fictive kin) resulting in perceived obligations to provide support, reliance on relatives, and perceiving relatives as behavioral and attitudinal referents. Extended family includes unrelated friends — *compadres*, or companion parents who help with children. There is no single type of ethnic family structure. Boundaries between nuclear and extended families do not exist and are flexible enough to include other non-family member adults as well. Young adults live with parents until married, and there are generally more children, so households are usually larger than those of Anglos. Hierarchical structure is based on age and gender. Many Mexican American cultural patterns are sustained across generations: use of Spanish, dietary practices, Catholicism, and in particular, strong family ties. Social networks tend to be made up of mostly family members, and kinship ties tend to result in a physical closeness and daily interaction. The strength of the family and the culture seems to be strong enough to withstand the pull of acculturation. Rather than leaving the family behind, many upwardly mobile people offer more support to their families and community. Because many members of extended families are undocumented aliens and can only support their families by part-time work, they are not eligible for Social Security benefits or Medicare, and are afraid to apply for welfare because of fear of being deported. Poverty is extensive among aged Mexican Americans for this reason. The rate of marital dissolution differs from that of Anglos—divorce is uncommon. Common Law marriages and desertion are frequent among urban poor, however. Migration and relocation can disrupt patterns of interfamilial help and control (Keefe & Padilla, 1989; Marin & Marin, 1991).

Familism is one of the Hispanic cultural values most affected by acculturation. Mental health professionals need to ask how the role of natural support systems relates to the melting pot ideal and what does the loss of social support mean for acculturating Mexican Americans? In addition to familism, other indigenous resources are also affected by the acculturation process.

INDIGENOUS RESOURCES

Not only are traditional resources lost in the acculturation process, but the values of these cultural strengths are often neglected or disregarded because of conventional practice and views. For example, religious indigenous resources are often ignored by mental health professionals as important sources of strength (McGoldrick, 1982). These resources have great potential, but because of the dominant Western world view, are devalued as being dysfunctional, superstitious or primitive. For example, a cultural dimension that runs the risk of being lost or devalued with increased levels of acculturation and which is often misunderstood is traditional healers. Many healing methods that seem "primitive" to modern health practitioners can cause misunderstandings in health care settings, even though acceptance of the tradition could produce more agreeable results. An example is the belief that female natural healers (*curanderas*) are the only one capable of undoing spells put on by *brujas* (witches) (Galanti, 1991, p. 106).

A world view that accepts the richness of diversity (including traditional healing) and is not invested in dichotomous, restricted definitions of reality is needed to embrace these indigenous cultural resources. Important resources also include, as noted above, natural support systems, which have been shown to be beneficial for mental health. Hispanic familism and (*inter-*) dependency is often seen as pathological in western cultures (Marsella, 1985) when in reality social support buffers the effects of acculturative stress, and boosts self-esteem by satisfying a person's needs for belonging, nurturance and affiliation (Vega, Kolody, & Valle, 1986). More acculturated Mexican Americans attempting to become successful in the Anglo culture may lose their "traditional resources and ethically-based social support networks which may contribute to lower mental health status" (Kaplan & Marks, 1990, p. 16).

RESEARCH, PRACTICE AND POLICY IMPLICATIONS

Speight et al. (1991) have pointed out that multicultural research tends to regard the subject groups as "defined only by the differences and/or similarities to the Caucasian norm group . . . and are understood only with the limitations of the experiences of the standing group" (p. 34). For counselors to respond more appropriately, additional empirical research will have to be conducted in the cross-cultural area, including the evaluation of the effectiveness of actual cross-cultural interventions. This will involve more openness to nontraditional research methods such as case study approaches and other small sample procedures that will be more applicable to real-life counseling situations (Ponterotto & Casas, 1991).

In counseling situations it is important to be familiar with the realities and problems of the Mexican American experience as well as be aware that the client is a unique individual who is somewhere on the acculturation continuum. Besides ethnicity, it is also important to be aware of other identities affecting the client's life such as homosexuality or gender. The uniqueness of the individual client must not be lost in the counselor's eagerness to be culturally competent. The counselor needs to be aware that the client is a complex person who must be engaged in depth in an effort to understand who the person is, in the context of Mexican American ethnicity.

CONCLUSION

Cultural competent practice means first understanding that there is a difference, then looking for similarities, and then studying the difference again. This should be repeated indefinitely with the growing understanding that this process applies to everyone on a different level of intensity—from individuals to cultures—and that no one is exempt.

Besides differences and similarities, mental health professionals must be aware of the combination of the uniqueness of individuals and the social and physical environment in which they live as well as their ethnic background. To establish a more meaningful relationship with a client, counselors must treat the *whole* person. That is, the individual, the social, the cultural and physical environments must be treated as a unitary system (Germain, 1991).

As noted above, acculturation has benefits and risks. Acculturation may lead to social and economic mobility but may also contribute to an individual's psychological distress. For a better understanding of the role of ethnicity, mental health professionals need to recognize the importance of the differences *between* as well as *within* cultural groups, and also understand the importance of *similarity* among all groups and all people.

Although this paper stressed the adverse effects of acculturation, people must not be prevented from seeking fulfillment in the dominant/host culture in the name of protection from psychological or physical distress. Mental health professionals need to be aware of the potential dangers of extreme cultural relativism which may result in a form of disempowerment. If Mexican Americans are prevented from acculturating and achieving full socioeconomic status, oppression is merely perpetuated under the guise of a benevolent "divide and conquer" status quo.

REFERENCES

Barringer, F. (1991, November 8). Jobs and poverty increase for Hispanic Americans. *New York Times*, p A17.

Berry, J. W., & Kim, U. (1988). Acculturation and mental health. In P. R. Dasen, J. W. Berry, & N. Sartorius (Eds.) *Health and cross cultural psychology* (pp. 207-236). Beverly Hills: Sage Publications.

Burnam, M. A., Hough, R. L., Karno, M., Escobar, J. I., & Telles, C. A. (1987). Acculturation and lifetime prevalence of psychiatric disorders among Mexican Americans in Los Angeles. *Journal of Health and Social Behavior, 28*, 89-102.

Caetano, R. (1987). Acculturation and drinking patterns among U.S. Hispanics. *British Journal of Addiction, 82*, 789-799.

Caetano, R. & Medina Mora, M. (1988). Acculturation and drinking among people of Mexican descent in Mexico and the United States. *Journal of Studies on Alcohol, 49*, 462-471.

Community Renewal Society Report. (1985). Hispanic story recreated on TV—channel 11. *July Community Renewal Society Newsletter*. Chicago: Author.

Davis, M. (1990). *Mexican voices/American dreams: An oral history of Mexican immigration to the United States*. New York: Henry Holt and Company.

Galanti, G. (1991). *Caring for patients from different cultures: Case studies from American hospitals*. Philadelphia: U. of Pennsylvania Press.

Germain, C. B. (1991). *Human behavior in the social environment: An ecological view*. New York: Columbia University Press.

Guarnaccia, P., Angel, R. & Worobey, J. (1989). The factor structure of the CES-D in the Hispanic health and nutrition examination survey: the influences of ethnicity, gender and language. *Social Sciences and Medicine, 29*, 85-94.

Hayes-Bautista, D. (1980). Latino technology: conceptual bases for standardized terminology. *American Journal of Public Health, 77*, 61-68.

Hoppe, S., Garza-Elizondo, T., Leal-Isla, C., & Leason, R. (1990). Mental disorders among family practice patients in the United States-Mexico border region. *Social Psychiatry and Psychiatric Epidemiology, 6*, 178-182.

Kaplan, M. & Marks, G. (1990). Adverse effects of acculturation: psychological distress among Mexican American young adults. *Social Science and Medicine, 31*, 1313-1319.

Keefe, S., & Padilla, A. (1989). *Chicano ethnicity*. Albuquerque: University of New Mexico Press.

Lipset, S. M. (1990). *Continental Divide*. New York: Routledge.

Marin, G., & Marin, B. (1991). *Doing research with Hispanics*. Unpublished Manuscript.

Marsella, A. J. (1985). Culture, self, and mental disorder. In A. J. Marsella, G. DeVos, & F. Hsu (Eds.), *Culture and self: Asian and western perspectives* (pp. 281-307). New York: Tavistock Publications.

McGoldrick, M. (1982). Ethnicity and family therapy: An overview. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 3-30). New York: Guilford Press.

Myers, L. (1988). *Understanding an Afrocentric world view: Introduction to an optimal psychology*. Dubuque, IA: Kendall/Hunt Publishing Co.

Myers, L., Speight, S., Highlen, P., Cox, C., Reynolds, A., Adams, E., & Hanley, C. (1991). Identity development and world view: toward an optimal conceptualization. *Journal of Counseling and Development, 7*, 54-63.

Ponterotto, J., & Casas, J. (1991). *Handbook of racial/ethnic minority counseling research*. Springfield, Il: Charles C. Thomas Publisher.

Portes, A. & Rumbaut, R. (1990). *Immigrant America: A portrait*. Berkeley: University of California Press.

Reynolds, A. & Pope, R. (1991). The complexities of diversity: exploring multiple oppressions. *Journal of Counseling and Development, 70*, 174-180.

Robins, L., & Regier, D. (Eds.). (1991). *Psychiatric disorders in America: The epidemiologic catchment area study*. New York: The Free Press.

Scribner, R., & Dwyer, J. (1989). Acculturation and low birthweight among Latinos in the Hispanic HANES. *American Journal of Public Health, 79*, 1263-1267.

Singer, M., Flores, C., Davidson, L., Burke, G., Castillo, Z., Scanlon, K., & Rivera, M. (1990). SIDA: the economic, social, and cultural context of AIDS among Latinos. *Medical Anthropology Quarterly, 4*, 72-81.

Speight, S., Meyers, L., Cox, C., & Highlen, P. (1991). A redefinition of multicultural counseling. *Journal of Counseling and Development, 70*, 29-36.

Tannen, D. (1990). *You just don't understand: Women and men in conversation*. New York: Ballatine Books.

Vega, W., Kolody, B., & Valle, J. (1986). The relationship of marital status, confidant support, and depression among Mexican immigrant women. *Journal of Marriage and the Family, 48*, 597-605.

Weyr, T. (1988). *Hispanic U.S.A.: Breaking the melting pot*. New York: Harper and Row.

STATEMENT OF OWNERSHIP
MANAGEMENT AND CIRCULATION
Required by 39 U.S.C. 3685

[illegible]

Inner Child Healing*

Margaret Nichols

Inner child guided imagery can be an empowering and healing experience for most clients when taken at a pace that is safe and comfortable for the client. This visualization work allows the client to connect deeply with the wounded child within that is still suffering from old childhood experiences. A sample guided imagery exercise is included along with a case study of a female client who benefited from inner child work during treatment. The goal of inner child work is to begin to heal the child within by becoming one's own nurturing parent. Consistent application of this technique can result in greater self-esteem and self-acceptance.

INTRODUCTION

Inner child healing work is a therapeutic tool used to facilitate the rebuilding of a client's self-esteem and to encourage the client to develop some awareness of old childhood patterns that the client may still be limited by as an adult. Although inner child work is a much talked about "buzzword" these days, in reality, it has been around for a long time.

For example, Muriel James and Dorothy Jongeward (1971) wrote about the "natural" and "adapted" child within in their book on Transactional Analysis entitled *Born to Win*. Alice Miller (1983) talks about the inner child as the true "Self" in *Drama of the Gifted Child*. Carl Jung (1963) frequently referred to the "wonder child" within us all. Even Robert Moore and Douglas Gillette (1991) in their recent book entitled *King, Warrior, Magician, Lover* speak of the King archetype as possessing qualities of the "Divine Child" within. Lastly, John Bradshaw (1990) in the very popular *Homecoming* devotes an entire book to the topic of recognizing and learning to work with our own inner child. Clients who are in mid to late-stage recovery from addictive disorders benefit greatly from inner child work. However this inner work can be

---

*based on a 1991 IACD Convention presentation

Margaret Nichols, M.A., is a therapist in private practice in Winnetka, IL (phone 708-501-2637)

valuable for anyone willing to commit to the process. It is a gradual process of healing.

Inner child work is an attempt to deal with the shame we first experience in childhood and are continuing to re-experience as adults. Bradshaw (1990) refers to this as "toxic shame." The frustrations and fears one does not work through in childhood tend to reappear in adulthood as inappropriate reactions to people, places, and things. These responses are the outgrowth of the pain and neglect experienced in childhood when basic needs were not met by the primary caregivers.

Inner child work is grief work. There are various modalities that can be used to reconnect with the child within such as guided imagery, journaling with the non-dominant hand, working with clay, fingerpainting, ritual, etc. (Taylor, 1991). Inner child work should be embraced at the level that the client is most comfortable working. Grief work can not be rushed, nor can it be treated as a mandatory part of treatment. Inner child work is not recommended for clients who are in early recovery from an addiction with less than one full year of continuous sobriety (Bradshaw, 1990).

Practitioners are advised to work with their own inner child prior to attempting to use this skill with clients. This is truly "soul work" and should not be approached lightly. The strength and power that comes from reconnecting with our own inner child and beginning to become our own nurturing parent is a deeply felt experience. Cathryn Taylor (1991) wrote an excellent book entitled *The Inner Child Workbook* which most therapists will find useful as a general introduction to inner child work. There are many simple yet powerful exercises contained in this text for accessing our own wounded inner child to begin the process of self-healing.

SAMPLE EXERCISE

The following is an example of a simple guided imagery exercise that can be used to first visualize the inner child and then to begin a dialogue with the child:

Begin by closing one's eyes and taking several deep cleansing breaths, breathing in to the base of the spine and up and out on the exhale through the crown of the head. Systematically begin to relax each body part, beginning with the feet and working up through the body to the head. Next, bring into one's visual awareness an image of the house where one lived at the age of five or six years. Visualize the house in detail. What color was it? Were there trees or plants outside of the house? Next, imagine a child coming out of the front door of the house. That child is you. Visualize the child in detail. What color is the child's hair? What is the child wearing? What is the expression on the child's face? Next, imagine that the adult you begins to talk with the child and to ask the child what he/she needs from the grown-up you. Listen to the child's response and, if feasible, comply with the child's request. For example, if the child requests more time to play and relax with you, you could promise to spend Saturday mornings doing something purely for enjoyment such as a visit to the zoo, a bicycle ride, or simply a run around the block! The visualization concludes with the adult part of you bidding the child farewell for now and promising to return again to continue working with the child.

The goal of this visualization is to develop a more conscious, positive contact with the child within, thus fostering greater self-esteem and self-acceptance. It can be done once or twice per week for the first month (it is recommended that some sample scripts be given to the client) until a new habit is formed. Bradshaw (1990) in his book entitled *Homecoming* provides some excellent inner child guided meditations which the client can record on tape and play as needed. Ideally, the client will eventually develop the skill of talking with the inner child on an as-needed basis. However the therapist can facilitate the process through in-session inner child work as well as providing encouragement for the client to talk with their inner child between visits. Inner child support groups are another option for even further reinforcement. A general rule of thumb is to go slowly with this work since it can be a very intense, grief-producing experience.

However, once the inner child is recognized and nurtured the creative energy within the child begins to emerge in our adult lives as well. This "wonder child" within us all (Jung, 1963) is our potential for exploration, joy, creativity and sheer delight in living. The following case example illustrates this "reawakening" to life that can be experienced when doing inner child work:

CASE STUDY

"Sue" is a female, white, 40 year old client who presented for treatment complaining of a lack of interest in life and a pattern of engaging in extremely dysfunctional relationships with men. Sue came from an alcoholic home where healthy intimacy between her parents was rarely, if ever displayed. She disclosed that the attention she received from her alcoholic mother was usually negative, in the form of criticism and rage. Sue's father either ignored her or flirted with her in an abusive, incestuous way. Sue was not physically abused by her father but the emotional abuse had left lasting emotional scars. Sue's main complaint in therapy was that she continued to attract into her life men who were emotionally unavailable who usually abandoned Sue within two to six months from the beginning of the relationship.

I suggested to Sue that part of her treatment plan include some inner child work to help her to access her wounded child within. Sue read *Homecoming* (Bradshaw, 1990) and agreed to begin working with me, individually at first, and later in group format, on her own inner child issues. I asked Sue to bring in to our sessions together a picture of herself when she was five or six years old. Sue complied and we talked about the expression on the little girl's face and memories began to emerge for Sue. During the next six months inner child work was a part of each of our weekly sessions together. Sue learned to nurture her own inner child, to laugh and to play with her, to protect her, and to cry with her own inner child when she felt hurt or betrayed by life events in her adult life. She was able to recognize how she sometimes responded to adult challenges in a "child-like" way which were inappropriate and ineffectual. Slowly, Sue learned to make better, healthier choices in her life. Sue ended a dysfunctional personal relationship she had been in when she recognized it did not meet her basic need to be loved, understood, listened to, and accepted for who she was. Sue continues to dialogue with "little Suzie" between sessions. I encouraged Sue to ask her inner child what the child needed most from her. Sue's response became rather standard: to be loved, held, played with and liked for whom the little girl truly is. Sue's inner child had been neglected for many years; she welcomed the company and the unconditional love and acceptance. In one of our last sessions together Sue told me about a recurring nightmare she had experienced for many years which had since stopped: She had dreamed that she kept a small monkey locked up in a closet with no food or water. Occasionally Sue would remember that the monkey was in the closet and she would feed it thinking it might already be dead. But the monkey was not dead; it was just pathetically thin and lonely.

Sue no longer has this dream; she is feeding the "monkey" or child within regularly now with love and attention. The dream is no longer a necessary reminder to Sue to take care of her own basic emotional needs. Today Sue has changed dramatically in both appearance and demeanor. Sue has developed a calmness that I had not observed in her when she first entered treatment. She also reports that she is sleeping better, eating more healthy foods, and that she is beginning to trust people more. She recently started a new personal relationship with a man she describes as patient, kind, and a lot of fun! When Sue feels angry, frustrated or sad today, she "checks in" with little Suzie and asks her inner child what she needs most from her. If Sue is able to accommodate little Suzie's needs she does so. In the process both Sue and little Suzie have come together in a deep spiritual and loving union.

CONCLUSION

In conclusion, inner child work has a place in the treatment plan of almost all clients who are willing to work at this deep core feeling level. This work deals with our original wounding; it is grief work and should be conducted in a spirit of patience and self-love. If the client is ready and willing to delve into their original pain, inner child work provides an excellent vehicle to do so.

REFERENCES

Bradshaw, J. (1990). *Homecoming*. New York: Bantam Publishers.

James, M. & Jongeward, D. (1971). *Born to Win*. California: Addison-Wesley Publishing Company.

Jung, C. (1963). *Memories, Dreams, Reflections*. New York: Pantheon Books.

Miller, A. (1983). *The Drama of the Gifted Child*. New York: Basic Books.

Moore, R. & Gillette, D. (1991). *King, Warrior, Magician, Lover*. California: HarperCollins Publishers.

Taylor, C. (1991). *The Inner Child Workbook*. California: Tarcher, Inc.

An Effective Counseling Model for Treating the African-American Family*

Jay T. Willis

In conversations with counselors, it seems that many of them, both African-American and white, still believe that there is no difference between the way you "treat" an African-American family and a white family, or for that matter, any other kind of family. This does not seem to be any great revelation since most African-American and white family counselors are educated from European and American perspectives, and tend to believe that "counseling-is-counseling"; and that most people, as well as families, have the same basic drives, motivations, and psychodynamics. It is questionable whether traditional approaches to treatment have a great deal of relevance to the African-American experience—without some modifications. Some patterns that whites consider maladaptive may not be considered maladaptive in the African-American culture. Family counselors must be careful when exploring role responsibilities and boundaries in distinguishing between functional and dysfunctional systems in the African-American family (Boyd-Franklin, 1984).

Any appropriate treatment model focusing on the African-American family will need to incorporate aspects of culture thought to be basic to the adaptive functioning of the family. It is hypothesized that the premises upon which family counseling is built, as they pertain to African-American families, may be faulty (McAdoo, 1977). The many cultural dimensions of African-American families are usually not fully considered when the family is engaged in counseling. Any appropriate family treatment model should clarify and demonstrate some understanding of values and behaviors considered essential to the understanding of behavioral dynamics found within the family; and, the total experience be taken into account. The technique used must

---

*a reprint of the author's book *Implications for Effective Psychotherapy with African-American Families and Individuals* on which a 1991 IACD Convention presentation was based.

Jay T. Willis, ACSW, LCSW, is a Consultant on Interpersonal Relations, Matteson, Il.

consider the patient's ethnic group, culture, and race. "Therapists who understand and accept this theoretical position will have little difficulty modifying their techniques in ways that take into account such determinants of behavior" (Lyles & Carter, 1982, p. 1123).

Experience seems to indicate that African-American clients have come from a different place and have many different ideas about counseling. The experience of slavery and subsequent treatment has impacted the family in such a way as to influence the dynamics that go on within the family structure. This, in effect, causes the African-American family to behave differently from other groups and to manifest its pathology in different ways. With respect to this differentiation, there is a need to "treat" the African-American family along slightly different lines than you would other groups.

When a counselor engages a family, more than likely the counselor will be dealing with a family system that is different from the counselor's own. The clinician has a value system, a cultural background, and a host of experiences, which will usually be different from the family being treated. It then becomes necessary for counselors to explore their own belief system, perceptions and prejudices. They also need to be aware of the cultural values of the families with whom they work (Boyd-Franklin, 1984). This is to imply that African-American families are not homogeneous, but are as heterogeneous as the culture from which they live, and must be treated as such.

INABILITY TO AFFORD COUNSELING AND MOTIVATION

Many African-Americans have not been able to afford counseling, and thus, have not grown accustomed to being able to utilize it. The individual has mostly considered counseling a luxury and has been concerned with more concrete issues (food, clothing, shelter). African-Americans have always relied on a network of kinships, friendships, relatives, and neighbors for help, as well as counseling and guidance; with very little reliance upon community agencies (McAdoo, 1977). The church and the extended family have always been important factors to consider when working with an African-American family. This is seemingly true because of such factors as discrimination and racism, which caused them to tend to rely on a kin network rather than to trust outsiders. Counselors are usually considered outside this network and are, therefore, considered a threat to the confidential nature of their personal thoughts, feelings and troubles. The family may be unwilling to discuss personal issues until a relationship of trust has been developed (Boyd-Franklin, 1984). "While the white family may utilize a community institution, blacks turn to their own family or extended family in time of crisis" (McAdoo, 1977, p. 77). In many cases, the family will find no resources to help with the family problem, and the resources that are available are not viewed as sympathetic to the minority experience.

African-Americans Have a Distrust for Agencies

It is true that bureaucracies in the past have had a very racist way of prying into the affairs of families while providing services. So, the family has developed a distrust for agencies, feeling that the counselor is just another person prying into their "business." Another issue is that African-Americans are generally forced to come in for counseling by one institution or another—therefore they resist. A family that is more aware of the purpose of counseling and comes on their own will likely be more motivated to come for the treatment sessions. The counselors must be active and extend themselves to acquaint the family with the therapeutic process (Boyd-Franklin, 1984). Confidence and trust must be earned; it is not automatically given (Sager & Braboy, 1970).

Resistance of African-American Clients

"Community services are often not utilized until a conflict occurs with an institution within the wider community, such as the police or the schools" (McAdoo, 1977, p. 77). If these clients are to be engaged, the counselor must clarify the role of the referring agency, and the role of the counselor. When referred by another agency, the family will usually resist because they are not actually volunteering to come because of a felt need, but are being forced to come. This, in itself, will cause the family to behave differently while engaged in couseling. Experience in counseling indicated that African-Americans have difficulty with making an effort to physically come for counseling. Clients will say that they forgot about the session; had other urgent matters to address; say they didn't have the bus fare; that they didn't feel well; or, make many other excuses for missing the session. The main reason being poor motivation for coming and being able to place a high value on the counseling relationship. It has been noted in the work of several authors how reluctant and resistive to treatment the African-American client seems to be (Foley, 1975; Sager & Braboy, 1970; McAdoo, 1977; Boyd, 1977). The African-American family has the same kind of resistances that other families have, as well as the specific resistances peculiar to their own circumstances. It can be disastrous for the counselor to deny the suspicion, resistance, and hostility, and not take these factors into account (Boyd-Franklin, 1984).

> In a recent survey of family therapists (Boyd, 1977), 43 percent saw black families as more "resistive" to therapy than white families. Clinicians made such comments as: "Black families do not come in. It's harder to keep black families in therapy" or, "black families perceive the therapist as threatening or prying." Other clinicians felt that "therapy is a new, unfamiliar experience for blacks. They are less willing to talk about their problems with an outsider" (p. 56).

SLAVERY EXPERIENCE

The family was stable and highly adaptable in West Africa, where most of the slaves were taken from. After the long and torturous journey to America, on slave ships, the family had been divided, concurred, and humiliated. They were further divided, separated, and humiliated after reaching the shores of the United States. The experience of slavery left the family with a constitution slightly different from most other groups. The male role was perverted and he was denied his role as father and protector. He then became sporadic and erratic in his family role. The female took the major responsibility for family, since the male was not allowed this role. This particular situation has caused some confusion in the family that has been passed on from generation to generation. Consequently, many males still seem reluctant to fulfill their role as husband and father. The female, in many cases, still bears the responsibility for nurturing the family (Green, 1975). She lost respect for the male in slavery which has not been regained, even today.

These kinds of issues still plague the African-American family, and cause the need for them to deal with additional pathologies when compared to other groups. The female has taken a stance that she deserves all the amenities that society has to offer; but, the male has been slow or unable to provide these amenities. It then becomes hard for both the male and female to live up to each other's standards, creating an artificial schism. This puts them on two different levels and adds additional confusion to family relationships in present-day America.

> With slavery, black families were separated ergo bonding and the extended family network was discouraged. In postslavery society, the psychological scars that remained were further intensified by continuing personal and institutional racist practices that devalued personal worth and family pride. An example of this phenomena is the black male's relegation to positions of psychologic and socioeconomic impotence in relation to his family. It must be remembered, furthermore, that in addition to the stresses of racism, black families must face the problems common to all American families (Lyles & Carter, 1982, p. 1120).

TRADITIONAL STRESSES

The presence of racism, discrimination, and economic isolations, coupled with the lack of majority appreciation of culture and denigration of ethnic status, has combined to cause the African-American family to have some problems that are different from other families. Through blending of African and American cultures over generations, the African-American family has been able to develop lifestyles and family patterns that are similar but different, in many subtle ways, from other families (McAdoo, 1983). A large number of families have recently begun to show signs of stress from factors related to economic and geographic changes, regardless of race (McAdoo, 1977). African-American families have the additional burden of having their ethnic group evaluated in a negative way; and, "while coping with the developmental crisis faced by all families, continuing pressures of institutional and personal racism bear heavily on them" (p. 77). In addition, the media has been a purveyor of false stereotypes as related to the family.

THE MODEL

After reviewing the above factors and finding them to be pervasive with many counselors' experience in working with African-American families, the following model seems to evolve as an effective one to do counseling with the family. The model developed is a modified version of the Jackson (1983) model, with some restructuring and other additions. It consists of educating the family about what to expect from counseling (one or two sessions), then educating them about the origin, development, and history of the family in America (two or three sessions), as well as pre-colonial Africa. At that point, a restructured Jackson model is used throughout the counseling process to fully integrate an orientation to counseling, with a history of the experience in America, into the Jackson model. This model utilizes, in part, a systems approach, drawing upon the entire community and its institutions. These things combined make for a unique treatment approach in working with the family.

In doing counseling in this manner, the family counselor truly becomes an educator, a director, an advocate, a problem solver, and a role model. This model should be utilized beginning with the initial interview. It emphasizes "wellness" or "normality" rather than psychopathology; group-centered behavior; strong kinship bonds; inherent feelings of cooperation and sharing; enhanced sensitivity to interpersonal issues, and an over-arching religious orientation that provides structure, direction, and a philosophy of the interrelatedness of all things, as well as a comprehensive way of interpreting the universe and life.

All of these ideas are central to the African value system that has been passed on to the African-American. Behaviors that deviate from these norms are perceived by the community as an erosion of identity or cultural values (Jackson, 1983). The African value system sees deviation from the norm as loss of contact with cultural roots. Therefore, the model places emphasis on culture and community, along with the part that these factors play in the total "wellness" of the individual and family.

Proper Orientation

In the first interview, since many families will not be accustomed to counseling and with what goes on in the counseling process, they will not know what to expect from counseling. This being the case, the family will need to be educated as to what to expect from counseling and what counseling is all about, while clarifying the counselor's role as well. This means that you as counselor will need to explain your approach to counseling: what you consider counseling to be about, and what you will be trying to achieve with them while you are seeing them (Grevious, 1985).

There is a gap in the knowledge of the family concerning counseling and some education is required before you can get on with counseling; otherwise, the family will tend to drop out of the sessions for lack of continuity of the clients' and counselor's expectations. The family will need to have sufficient rationale for understanding themselves and treatment if they are to justify to themselves the need to stay in treatment. Sometimes, the client doesn't know what to expect from counseling, but finds the counseling process adverse to what they would normally do. Clients are normally not accustomed to revealing their personal troubles to a stranger; and therefore, feel uneasy and frustrated in doing so. This may be enough to cause the client to drop out of counseling for some unclarified reason (Hines & Boyd-Franklin, 1982). The family will usually find counseling more compatible once they know the counselor is interested and that there is something to be gained by continuing.

Developing Trust

Trust is a very important issue in counseling with the family, and the counselor is viewed as an authority figure who will dictate advice. The family has difficulty believing that the counselor's suggestions will be something that they should live by, since it is normally believed that the counselor's life is far different from their own family situation. Before counseling can be effective, the family must come to believe that the counselor can be trusted, and that recommendations are not tainted with values that are divorced from the reality of their own family situation.

Aside from these issues, African-Americans in general, associate seeking assistance for emotional problems as being "crazy," and no self-respecting person wants to be thought of as "crazy" (Brannon, 1983). The male has more difficulty than the female with seeking assistance, because he correlates solving one's own problem with one's masculinity (1983). "Consequently, to seek help is synonymous with being less than a man!" (p. 170). These factors alone cause many couples who could benefit from therapy to not seek it.

Dealing With Concrete Issues

A large proportion of families have such extreme economic problems that you can't begin to do counseling until you have dealt with some of the more concrete issues (Foley, 1975). When a family comes in for counseling, it is not the emotional issues that finally bring them in, but the more concrete issues that caused such deprivation as to lead to a breakdown in the relationship that exist between members of the family. A counselor will need to address the concrete issues before any meaningful counseling can take place; and, in many cases, a family will discontinue counseling when the concrete issues have been dealt with. In many cases, the concrete issues will be the cause of the problem; the concrete issues will have caused a disturbance that led to the emotional difficulties. Not only will the client expect the counselor to very quickly get to and deal with the problem for which the client came, but to do this within a certain number of sessions.

The client is not accustomed to long-term counseling and is certain to discontinue if it is felt that it is going to be a long "drawn-out" process. One approach is to contract for a specific number of sessions in order to resolve a specific set of issues. If, at the end of the contracted period the client feels that more time is necessary, the client can contract for more time. If the counseling ends and another crisis arises, it is understood that they can return (Boyd-Franklin, 1984).

The Middle Phase

In the middle phase, the clients have to be constantly reminded of the purpose for which they are in counseling, and what is to be accomplished in the counseling process. The educational process that begins during the first and second interviews must be a continuous process of education concerning what counseling is all about. Also, in the middle phase of counseling there should be a continuation of attempts to modify the effects that slavery has had on the family, as well as to help modify the effects of being exposed to years of discrimination and prejudice. All of these things have affected the way African-Americans feel about each other as a result of developing hatred for others in the race and self-hatred, which affects our family relationship.

Counseling with the family should be an attempt to re-educate the unit as to more adaptive ways of functioning. This means that they need to understand the influences of slavery, and how slavery affected African-American people as a whole. They must also learn to respect themselves and the opposite sex, to minimize materialism and understand how it affects the family, and to understand how economics help to further confuse the priorities of the family. The counselor needs to help the clients to be more aware of themselves as a group, to help develop a sense of identity and racial pride, and help them realize how the past effects the present behavior of families and individuals. Most of all, the family needs to be helped to realize what must be done to get back on the road to a healthier family.

JACKSON'S MODEL

Jackson (1983) proposed a model that suggests when working with a client and family, a number of factors need to be considered: helping person, client and family, professional, culture, community, political and economic system and the environment (see Figures 1 and 2 on the next page). This model includes, as part of the system, the individual, the family, friends, relatives, neighbors, the environment and institutions. Institutions are also a part of the system, since problems that occur between individuals and their environments produce stress. The model focuses on the whole system, but the primary units are the helping professional and the client and family, since these are likely to be the initial components involved. It proposes the collective action of the professionals, of continuity of services, and of direct intervention within multiple systems. A service chain that encompasses the total network of the client is presented. In such a model, professionals from all spheres would be involved to help assure collective responsibility, and putting emphasis on change for all participants. Intervention strategies and assessments would utilize the client's world view, cultural environment, and situational context. Interconnectedness of the system, culture, group identity, belonging, and reciprocal benefit is stressed. The emphasis becomes wholistic health and prevention rather than disease or psychopathology.

In this model, problems are multi-causational and require multiple approaches for solution. A comprehensive treatment approach that is broad in scope is utilized requiring a wide sense of responsibility for the client, the community, and for political and economic systems to which the client must relate. Systems, group focus, and networks are essential for treatment within this model. The helping professional must understand the problems that the client has developed as a result of functioning in the system, help the client to better understand the problem, and facilitate the client in such a manner as to help the client develop improved adaptive functioning involving multiple relationships within the system.

It is assumed in this model that the client needs to be grounded more fundamentally in culture, and closer approximation to African-American culture is one of the goals of treatment. The model emphasizes growth and change in individual perception, behavior, and cognition as well as upon environmental structuring

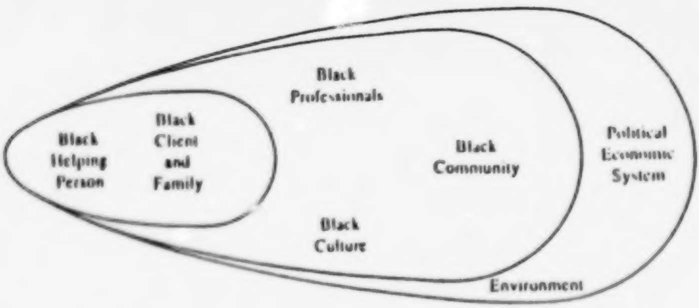
Black Professionals
Black Helping Person
Black Client and Family
Black Community
Political Economic System
Black Culture
Environment

Figure 1. Proposed Black Clinical Practice Model (Jackson, 1983, p. 23).

Note. The diagram in Figure 1 and Figure 2 are from "A Theoretical Model for the Practice of Psychotherapy With Black Populations" by Anna M. Jackson, 1983, *The Journal of Black Psychology*, 10(1), p. 23. Copyright 1983 by *The Journal of Black Psychology*. Reprinted and adapted by permission.

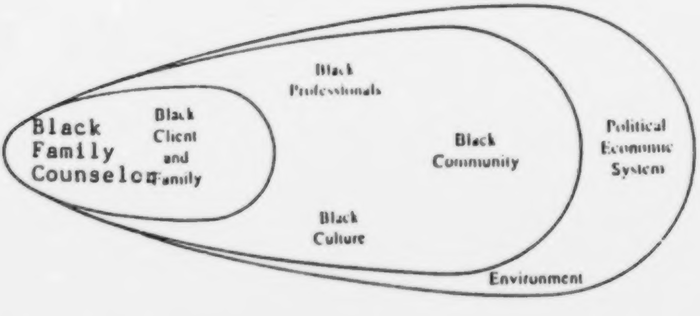
Black Professionals
Black Family Counselor
Black Client and Family
Black Community
Political Economic System
Black Culture
Environment

Figure 2. Proposed Restructured Black Treatment Model, adapted from diagram above.

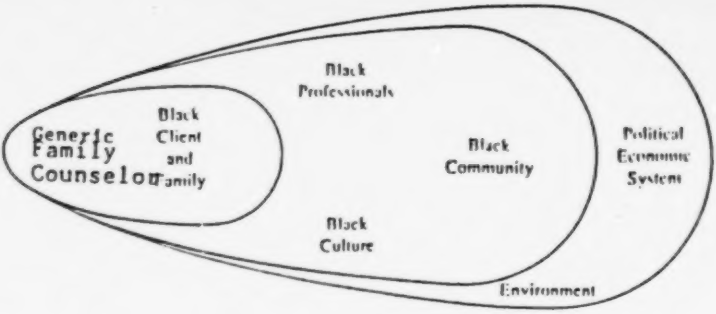
Generic Family Counselor
Black Client and Family
Black Professionals
Black Community
Black Culture
Political Economic System
Environment

Figure 3. Proposed Restructured Generic Treatment Model, adapted from Figure 1 and Figure 2.

and change. It is felt that change results from assessing one's personal and cultural values. This model stresses the impact of all systematic factors on behavior. Change in any part of the system influences behavior and the quality of life in the other.

Cultural Awareness and Change

Social class, lifestyle and culture are all important to this model, emphasizing significant issues in the African-American experience. The helping person in Jackson's model was to be an African-American who was well grounded in African-American culture. This model is being expanded upon to include a generic helping person. Such a person should be knowledgeable about African-American culture and values, regardless of his background. The generic helping person should also possess a sufficient level of self-awareness and be knowledgeable as to how these factors influence practice. It is felt that any helping person can be successful if he is empathetic, warm, concerned, and takes into account the individual's culture and values.

The counselor must work with the family to explore its immediate surroundings and involve significant others who may provide support, or challenge certain ways of interacting among family members, and pull the family to change. It is important that the counselor select only those members of the kinship network that are relevant to immediate or emerging therapeutic goals (Boyd-Franklin, 1984).

Developing Adaptive Functioning

An attempt is made in Jackson's model to develop a sense of groupness that the community has lost over time, history and sociopolitical circumstances. Race, identity, and culture are very important. These factors give a people a sense of uniqueness as individual members of a racial group. Synchrony of these factors may be viewed as helping to achieve adaptive functioning and optimal mental health. When the client operates within the system, network, and environment, optimal adjustment can occur.

Helping Person to Family Counselor, the Generic Helping Person

The Jackson (1983) model is both an individual and family treatment model for the client. The family already occupies center stage on the model. The helping person can be replaced with the family counselor, and we have the making of a restructured model for working with the family, as opposed to simply helping the individual client (Figure 2). In Figure 3 it is indicated how the model can be further expanded to utilize a generic helping person by simply changing the family counselor to the generic helping person. This model is highly adaptable and flexible.

SUMMARY

While people existing in the same culture do have some of the same motivations, perceptions, and psychodynamics, it is understood that African-Americans have undergone a particularly unique experience in this country. They require a different approach to family counseling, one that will take into consideration the unique subculture of the individual, as well as the history of the individual in this country. The proposed model is an eclectic model which takes into account the many diverse aspects of the African-American culture, and provides a nutritive dynamic model for treating the family. This model takes into account the social, economic, and political factors that exist in the community and which cause African-Americans to be resistive to counseling. The proper orientation, education, and consideration for culture is integrated in this model, and provides a unique way of doing therapy with the family.

REFERENCES

Boyd-Franklin, N. (1984). Issues in family therapy with black families. *Clinical Psychologist*, 37(2), 54-58.

Boyd, N. (1977). Black families in therapy: A study of clinicians' perceptions. *Psychiatric Spectator*, 41, 21-25.

Brannon, L. (1983). Marriage and family therapy with black clients: Method and structure. In C. Obduho (Ed.), *Black marriage and family therapy*. Connecticut: Greenwood Press.

Foley, V. (1975). Family therapy with black disadvantaged families: Some observations on roles, communications, and techniques. *Journal of Marriage and Family Therapy*, 1, 29-38.

Green, M. A. (1975). Impact of slavery on the black family: Social, political, and economic. *Journal of Afro-American Issues*, 3(3&4), 343-356.

Grevious, C. (1985). The role of the family therapist with low-income black families. *Family Therapist*, 12(2), 115-122.

Hines, P., & Boyd-Franklin, N. (1982). Black families. In M. McGoldrick, M. J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy*. New York: Guilford Press.

Jackson, A. M. (1983). A theoretical model for the practice of psychotherapy with black populations. *The Journal of Black Psychology*, 10(1), 19-27.

Lyles, M. R., & Carter, J. H. (1982). Myths and strengths of the black family: A historical and sociological contribution to family therapy. *Journal of the National Medical Association*, 74(11), 1119-1123.

McAdoo, H. (1983). Stress absorbing systems in black families. *Family Relations*, 31, 479-488.

McAdoo, H. (1977). Family therapy in the black community. *American Journal of Orthopsychiatry*, 47(1), 75-79.

Sager, C., & Braboy, T. (1970). *Black ghetto family in therapy: A laboratory experience*. New York: Grove Press.

Book Reviews

The following book reviews were submitted by Drs. Lyle J. White and Karen Pritchard, Department of Educational Psychology, Southern Illinois University, Carbondale. The book reviews were authored by students in their Family and Systems Counseling class.

COUNSELING FAMILIES: AN INTRODUCTION TO MARRIAGE AND FAMILY THERAPY

David Fenell and Barry Weinhold
Denver: Love Publishing, 1989
339 pp. $24.95

Reviewed by Randall Basden

Authors David Fenell and Barry Weinhold have published a work intended to address an issue of paramount importance—and one which is extremely sensitive to professional therapists: the lack of theory and professional training frequently seen in therapists who practice family therapy.

A survey is cited in the introduction which reports that clinical psychologists devote 40 percent of their practice to marital and family issues, yet 95 percent of these therapists *had no formal coursework* in marriage and family therapy in their graduate programs (p. 1). Likewise, many marriage and family therapists lack individual and group training to any significant degree and perhaps ignore vital aspects of the individual experience.

The authors express the intent to "bridge the gaps between individual, group, and family therapies" (p. 2) and with some reservations I believe that this has been achieved. This achievement has been marred, however, by a personal agenda of Mr. Weinhold's, which I will ultimately address in detail.

The book is divided into three main "parts." The first is an introduction to marriage and family therapy and to family systems in a general sense. Part 2 discusses particular theories and Part 3 introduces issues of special needs, and professional, ethical and research issues. This section of the book is brief and will be

---

Randall Basden, graduate student, Department of Educational Psychology, Southern Illinois University, Carbondale, IL discussed briefly, in an ensuing paragraph on the strengths of the book.

In Part 1, the first chapter begins with a discussion of how changes in society have produced issues that greatly stress family functioning: the dramatic increase in divorce rates, substance abuse, adolescent suicides; the emergence of two-career, single-parent, and blended families; the increase in the population of aging parents; the breakdown of discipline in the schools. Modern therapists are faced with these issues to a degree unimagined only a few years ago.

Chapter 2 presents the basic theoretical and philosophical tenets of the family systems approach. Fenell and Weinhold choose an important starting point, which is to indicate that the general goals of all therapists are the same: to alleviate human suffering and to respect the dignity of clients. The discussion of the basic tenets is direct and avoids the abstract and technical aura of general systems theory, which can confuse and alienate newcomers to family systems thinking.

Chapter 3 compares and contrasts individual and systems-based theories. The first part of the book concludes with chapter 4, which lists 12 core skills basic to virtually all therapeutic approaches. Each is applied to a systems perspective. This chapter seems especially important because it illustrates the point that all therapists utilize essentially the same basic skills and that therapy tends to follow the same patterns and stages, regardless of the orientation of the clinician. This may be reassuring to those who dread the prospect of having to "retrain."

Part 2 is devoted to discussing various schools of family therapy. Those presented are categorized into psychodynamic, cognitive/behavioral, humanistic/existential, and transpersonal schools. Chapters for each of the former three approaches are introduced to discuss them in their traditional incarnations. These chapters are followed respectively by chapters on the systems theories which have developed from the original schools.

A brief overview is presented before each chapter. "Key Concepts" and "Questions for Discussion" sections then appear. The theory in question is discussed, followed by sections titled "Philosophical Tenets and Key Theoretical Constructs," "Main Therapeutic Interventions," "Strengths and Limitations," "Case Example," "Summary," and "Suggested Readings."

Part 2 concludes with "Transpersonal Schools in Family

Therapy." This is where the issue of personal agenda appears. Of the four categories of schools previously mentioned, "the first three are widely accepted and frequently used in counselor training programs" (p. 4). The transpersonal school includes Barry Weinhold's own theory. The reader is informed that—according to a reference work co-authored by Weinhold—"transpersonal therapy, is emerging as an important force in counselor training and may suggest a direction for future growth in the counseling profession" (Hendricks and Weinhold, 1982, in Fenell and Weinhold, 1989, p. 4). In this chapter, the authors steer their audience from established, scholarly schools of therapy onto an abstruse path of "new age" philosophy and spiritualism.

There is no mention of a transpersonal school in the widely read *Family Therapy Sourcebook* by Piercy and Sprenkle (1986) or in Goldenberg and Goldenberg's popular textbook *Family Therapy: An Overview* (1991). Curiously, the authors refer to the "early leaders" (p. 224) of the transpersonal movement, without mentioning who they are. The chapter begins with a discussion of Abraham Maslow, though it is not stated that he is a transpersonal theorist nor an "early leader." There are no names of transpersonal theorists mentioned in the sections which outline the history and the theoretical constructs of the school, which amounts to the first six pages of the chapter.

Equally curious is the fact that there is no explicit definition of the term *transpersonal*. "The term was deliberately left in an undefined state during the first ten years . . . [out of fear] that giving the word a definition would lead to limitation . . . When we add the prefix *trans* to the word *personal* . . . transpersonal theory allows us to look through the persona or ego to get beyond the individual ego and connect with all egos" (p. 224). The theory itself is described as a blend of Eastern philosophy, intrapsychic theory a la Jung, and quantum physics.

Finally, a transpersonal theorist—one Arnold Mindell—is presented. It is related that Mindell underwent Jungian therapy and "early in analysis he had a dream that Jung came to him and told him that he should find the connections between psychology and physics" (p. 231). Mindell became interested in "body therapies" and he is reported to have aided a client in ridding himself of stomach cancer symptoms by telling him to "explode [his rage] more often, rather than hold the emotions in . . ." (p. 232).

The final theory presented in the book is author Weinhold's own transpersonal theory. The section begins "This is the theory that I, Barry Weinhold, have developed myself" (p. 241). After he states where he got his degree and what positions he has held, Weinhold drags the reader through a dramatized account of the personal experiences which led to the development of his theory. These include uncovering his own "death urges," his decision to "Rebirth [his] parents," accounts of his marriages, and an illness. "[A] psychological breakthrough of my family patterns caused [my colon] cancer to go into remission" (pp. 241-243).

Weinhold goes so far as to propose "a set of natural laws of the universe," which include "laws" of "grace," "gender," and "vibration" among others. "The *law of vibration* means that everything is in a state of motion; everything has a vibrational level. Spirit vibrates so rapidly it cannot be seen. Matter vibrates so slowly that at its most dense level it seems motionless" (p. 248).

Little, if any, of the content of this chapter is directly relevant to systems theory. Weinhold claims that his theory is systems based (p. 241), yet "No systems theories have been developed that have a transpersonal basis" (p. 4). The absence of systemic concepts in the theory clashes with the rest of the book. Part 2, which presents the various schools, is prefaced by the three chapters of Part 1, which establish a systems base for the rest of the book. In chapter 2, the reader is informed that "To be maximally effective in working with couples and families, the counselor needs to conceptualize the family as the client and be capable of treating the family system as the client" (p. 19).

It is equally difficult to discern where marriage and family therapy fits into Weinhold's theory. The approach is oriented towards providing therapy to individuals dealing with intrapsychic family-of-origin issues. Weinhold concedes this in the "Limitations" discussion: "The focus is more individually oriented than family oriented, and thus may be difficult to use in work with families" (p. 250). Juxtapose this statement with the title of the book, which is *Counseling* ***Families:*** *An Introduction to* ***Marriage*** *and* ***Family*** *Therapy*.

The major strengths of the book are its clear and straightforward language and the approach to bridge and build skills, as opposed to critique the deficits of therapists. This is consistent with much of the therapeutic philosophy of the schools presented within. In spite of the issue of personal agenda, the various schools are treated fairly and accurately in a fashion similar to most texts on this topic. Part 3 discussed "Special Issues . . .", such as violent families. These tough, real life cases are often not addressed by theorists.

There are weaknesses besides the issues of personal agenda. The 'Strengths and Limitations' sections tend to be sketchy and lack supporting evidence, such as citations. The case examples are very brief and really do not give much of a flavor of actual technique. In addition, these sections tend to be presented in a dogmatic fashion.

The title of this book misleads the reader in at least two ways. First, it implies that this is a strictly introductory text for novice therapists, rather than a "bridge" for those already trained. This is a disservice the authors have done to themselves. A greater disservice has been done to those who are misled into reading this attempt by Barry Weinhold to hitch a ride on the backs of the more established and theoretically sound schools of systems theory and marriage and family therapy.

REFERENCES

Fenell, D. L., & Weinhold, B. K. *Counseling families: An introduction to marriage and family therapy*. 1989. Denver, CO: Love Publishing.

Goldenberg, I., & Goldenberg, H. *Family therapy: An overview*. 1991. Belmont, CA: Brooks/Cole.

Piercy, F., & Sprenkle, D. *Family therapy sourcebook*. 1986. New York: Guilford.

ILLUSION AND DISILLUSION: THE SELF IN LOVE AND MARRIAGE

John F. Crosby
Belmont, California: Wadsworth Publishing Co., 1991
349 pp. $15.25

Reviewed by Robert L. Geist

Sexual attraction and romantic love are feelings with which most, if not all, people are familiar. The expression of these feelings can take many forms: dating, marriage, cohabitation, etc. Any book that attempts to cover such a wide ranging topic is

---

Robert L. Geist, graduate student, Department of Educational Psychology, Southern Illinois University, Carbondale, IL certainly ambitious. In *Illusion and Disillusion*, John F. Crosby hopes to have something to say to everyone, whether single, married, divorced, or remarried. His subject matter is self-identity and growth in interpersonal relationships, particularly marriage, and he adopts a predominantly systemic perspective. This review first provides a brief synopsis, followed by an examination of the style of writing, where it succeeds and falls short, and the reviewer's personal reactions.

Crosby sets out to examine people and their interpersonal relationships, with a critical eye toward factors that contribute to the success and failure of marriage. Crosby contends that "there is little likelihood that any society ever expected as much as does ours in regard to . . . marriage" (p. 17). The key word is that phrase is "expected." People experience disillusionment with marriage because it does not meet their expectations. For instance, one unrealistic expectation of marriage is that it will bring happiness to an otherwise unhappy person (p. 44). People acquire these expectations through their socialization. Crosby argues that love, as it has traditionally been defined, is not the sole determinant of marital success. In fact, marital disillusionment often arises in spouses who set up unreal expectations based on love, using phrases such as "If you loved me, you would do such and such for me." Another popular illusion is that negative emotions have no place in marriage, so that spouses avoid anger and conflict for fear that it might jeopardize their marriage. Crosby also spends a chapter on sexuality. He proposes that, traditionally, sex and sexuality have been considered inherently bad, although we are sexual creatures that must own our sexuality. Crosby concludes his book by stating that it takes more than love to make a marriage work; marital success is also based on such things as negotiation skills and a willingness to change and grow with one's partner.

Crosby's intention was to write a book that was more than just an intellectual exercise, while still being well-grounded in research and clinical insight. Readers will find the style of the writing clear and easy to follow, and the inclusion of case studies helps to make the material more personally relevant. Crosby avoids much of the jargon common to psychology and sociology, while thoughtfully including a glossary for many terms. Words defined in the glossary are in boldface type in the text. Although Crosby presents his ideas in a fairly casual manner, he has obviously done his homework, and this should appeal to professionals in the field as well as to any others interested in examining themselves and their relationships.

An inherent problem with such a book is the intention to write something for everyone. Crosby attempts to walk a fine line, not necessarily unsuccessfully, between including enough to have something for everyone and providing enough depth to make his ideas meaningful to each reader. The book definitely covers a lot of ground, but by the same token it also seems too cursory at times. Although there is a great deal of material that makes sense intuitively, there is not as much that challenges readers to seriously reconsider their own ideas or beliefs. This review, however, is written from the perspective of a graduate student in psychology, and others might find many of the ideas challenging.

I enjoyed reading *Illusion and Disillusion*, and would recommend it to people with an interest in learning about marriage and interpersonal relationships, as well as their own personal ideas about these. Many advanced students and professionals, however, will find some of Crosby's discussions to lack sufficient depth. But I do not think that this book would be particularly useful to students who want an introduction to many concepts in psychology and family systems theories.

THE INTIMACY PARADOX

Donald S. Williamson
New York: The Guilford Press, 1991
305 pp. $27.50

Reviewed by Gayle Rosche

The Intimacy Paradox has something for all students and practitioners of family therapy. Donald Williamson provides the reader with his theory of Personal Authority in the Family System (PAFS), a rational for his methodology, dialogues from actual cases, and his own experience with his family of origin. He also discusses PAFS in regards to gender issues, professionalism, and research. The book is divided into 4 sections: theory, method, contextual issues, and research. It is a chronicle of Williamson's personal and professional investment in his theory and it is told

---

Gayle Rosche, graduate student, Department of Educational Psychology, Southern Illinois University, Carbondale, IL.

in a sometimes warm and engaging style.

The book is written to address how one goes about differentiating oneself and still staying connected to the family. Williamson's theory borrows heavily from Bowen (1978) and Boszormeni-Nagy and Sparks (1973) in that the work needs to be done transgenerationally. His timetable for the work is in the middle years, which is much like Jung's maturing "self" in the middle years. His methodology begins with a couple of individual sessions and then moving a client into a group format. The final six hours of therapy are carefully structured sessions with the parents themselves. The interventions reported in this book are often funny, playful, and paradoxical much in the style of Whitaker. In one instance, a client complained about not feeling anything. This was identified as the client having a "broken feeler." His homework was to write down all the things he might have felt in that week if he didn't have a "broken feeler." One might imagine Whitaker doing something similar. It is apparent that Williamson has spent time with the "greats" in family therapy as he cites and has personal anecdotes about many of them.

Williamson is most engaging as he tells of acquiring his own personal authority within his family of origin who happen to live in Ireland. It is a story of de-mythologizing the parental role and reorganizing the power in the family so that parents and children can meet as equals. It is a way that one can change the present meaning of past experiences to enhance future experiences.

PAFS theory acknowledges that the task for differentiating and connecting with parents and significant others is in some ways different for men and women. Williamson bases his use of PAFS on the idea that men and women come into therapy with very different experiences and styles of interaction. He believes PAFS can accommodate these differences because it explores the idiosyncratic, contextual and experiential worlds of the individual.

As Williamson was so much a part of the movement of a professional identity for family therapy, Chapter 14 is useful as a history lesson. There is also the flavor of insider information. He reports on his own struggle with personal authority within his professional life.

A questionnaire (PAFS-Q) was designed by which a person describes current relationships with parents in the family of origin, spouse or significant dyadic relationship, and children. The key concepts and behaviors measured by the PAFS-Q include individuation, emotional fusion, triangulation, intimacy, isolation, personal authority, and intergenerational intimidation. This book gives a solid review of the PAFS-Q should the reader be interested in this type of scale.

The Intimacy Paradox is a book in which any student of marriage and family therapy can find something of interest. It contains theory, method, history, personal anecdotes, case dialogues, gender issues, professionalism, and research. The operative word in the first sentence is "students" as this book is for those who have some background in family therapy. There are many references to therapists and theories that would lose the novice family counselor. But for the advanced student or practitioner, there is a well spring of references. Williamson's warmth as a person comes through in his writing.

REFERENCES

Boszormenyi-Nagy, I., & Spark, G. (1973). *Invisible loyalties.* New York: Harper & Row.

Bowen, M. (1978). *Family therapy in clinical practice.* New York: Jason Aronson.

COUNSELING TODAY'S FAMILIES

Herbert Goldenberg
Irene Goldenberg
Pacific Grove, California: Brooks/Cole Publishing Company, 1990
261 pp. $21.95

Reviewed by Beth R. Garner

Families in today's society are experiencing marked alterations in their configurations and lifestyles. "*Counseling Today's Families*" by Herbert Goldenberg and Irene Goldenberg, addresses the reality of the psychological and social repercussions families are facing due to these disconcerting changes in day to day living situations. The authors have clearly delineated, for counselors and other professionals in the helping fields, counseling implications to understand prior to engaging families in counseling in this day and age.

The book is structured into eight chapters. The first three

Beth R. Garner, graduate student, Department of Educational Psychology, Southern Illinois University, Carbondale, IL.

chapters providing a broad informational backdrop for the following five chapters, which funnel into specifics about particular family configurations being experienced today. A brief overview of each of the chapters follows:

Chapter 1 affords the reader a chance to discover the ever-changing family and its new configurations and living situations. This chapter is informational in nature and helps to prompt further reading.

A broad overview of general systems theory and cybernetics is provided in chapter 2. The figures of this chapter were less helpful, than in the other seven chapters, in aiding comprehension of the theoretical concepts presented. When viewing the figures in this chapter it was difficult to apply the theoretical points being made by the authors.

Chapter 3 delves into appraisal. The chapter is well organized and serves the reader by offering explicit details. Goldenberg and Goldenberg offer appraisal guidelines and available appraisal instruments to utilize with families.

Chapter 4 provides a very thorough and all-encompassing view of single-parent households and counseling implications.

Chapter 5 presents the complexity and intricacy of the remarried family, and the tenacity required of counselors to deal with this family configuration.

Chapters 6 and 7 highlight family configurations which counselors may fail to view, as families in their own right. Chapter 6 addresses the implications and realities of counseling cohabiting heterosexual couples in varying situations, while chapter seven discusses counseling gay and lesbian couples. Both chapters point toward the need for a broad frame of reference in order to be able to incorporate all of today's families into one's counseling repertoire.

In chapter eight, the authors take a close look at dual-career families. The information provided concerning the particular challenges this family configuration faces was very relevant to today's changing society.

Many of this book's features make it a pleasurable reading experience. Summaries included at the end of each chapter were very well thought out and accurately encapsulated the essence of each chapter. Additionally, the summaries provided a framework to determine what was truly significant to remember in each chapter. Bold-faced words highlight important concepts and prompt the reader to venture to the glossary located in the back of the text to achieve a more meaningful understanding of the word or concept.

The type of style utilized in "*Counseling Today's Families*," made it easy to read. The language is easily understandable, and where there may be difficulty with comprehension, definitions and bold-faced glossary terms to aid the reader's understanding are provided. One of the strongest points this book has is its inclusion of case examples to exemplify significant points made concerning theoretics or particular family configurations.

The authors utilization of citations from experts in the field, statistical information, and current research findings strongly validate the premises they are promoting. Often when this type of empirical data is presented, authors tend to lose the reader in all of the dry technical jargon. However, this text presented the information in a manner which was enjoyable and easily comprehendible. The footnotes included in each chapter were very helpful.

What was most meaningful and significant to me in reading, "*Counseling Today's Families*," was the sensitivity the authors showed to language usage and how the labeling of family configurations is reflective of the value judgments and constructs held. It is clear that the authors expended a large amount of time and effort to put into practice clear cut non-pejorative operational definitions of different family configurations into their book. Their effort provides the reader with a model of respect for others' realities. Most importantly this book inspires its readers to open their minds to different family configurations, and cheers them on in their struggle to benefit these families through counseling.

REFERENCES

Goldenberg, H. & Goldenberg, I. (1990) *Counseling Today's Families*. Pacific Grove, CA: Brooks/Cole Publishing Company.

MARITAL THERAPY:
INVESTIGATING THEORY AND TECHNIQUE

Len Sperry and Jon Carlson
Denver, CO: Love Publishing Company, 1991
260 pp. $19.95, Softcover

Reviewed by Jean Stratman Petith

Authors Len Sperry and Jon Carlson perceive shifts in the field of marital therapy, such as more individually tailored treatment, nontraditional couples in therapy, an emphasis on prevention and enrichment, and an increasing need for accountability in assessment and treatment. Responding to these shifts, the authors wrote a book intended to be used as a primary text for marital therapy courses in fields such as psychology, social work, nursing, psychiatry, and family medicine. It was also intended as a reference book for practicing professionals.

Sperry and Carlson identify four sections of information in their book of fourteen chapters. The first three chapters deal with psychosocial and health-related factors affecting relationships, as well as with the characteristics of functional and dysfunctional marriages. The inclusion of a chapter devoted to [illegible] implications of health concerns in marital relationships provides a perspective that is infrequently studied in introductory courses for counselors. This may reflect the broad range of students, including those in the health professions, for whom the book is intended, although an understanding of these health issues would be useful for those in all professions. The reader is encouraged to consider medical/surgical conditions, nutrition, biological rhythms, and medication side-effects in terms of their influence on marital functioning. A discussion about the practice of marital therapy in health care settings is also included.

Psychosocial factors covered in the book's first section include information about how marriages are changing, consideration of developmental processes in marriage, and a detailed explanation of ideas about attraction and mate selection. The chapter about the nature of functional and dysfunctional marriages includes a section detailing the skills of marriage, which are identified as being adapted from Dinkmeyer and Carlson's work (Dinkmeyer & Carlson, 1984a, 1984b). Although potentially informative, this

---

Jean Stratman Petith, graduate student, Department of Educational Psychology, Southern Illinois University, Carbondale, IL.

section could be overwhelming to students with its multiple lists of skills and guidelines. Specific behavioral interventions such as "daily dialogues" or "encouragement meetings" are also suggested; the consideration of interventions seems incongruent with the introductory nature of the first section of the book.

The second section of the book, containing four chapters, addresses specific approaches to marital therapy. These include psychoanalytic, cognitive-behavioral, strategic/structural/systemic, and integrative approaches. In considering psychoanalytic approaches, the authors mention several perspectives, but focus mainly on object relations and self-psychology, which they emphasized in their introduction as one of the unique features of this text. The cognitive-behavioral chapter differentiates between behavioral and cognitive factors in thinking about marriage, the assessment section of this chapter also focuses on both behavioral and cognitive methods. Four techniques of treatment are covered briefly, including discrimination training, communication and assertiveness training, problem-solving training, and cognitive restructuring. The chapter on structural, strategic, and systemic approaches explains the three approaches briefly. Systems theory, credited by the authors as the basis of all three approaches, is described primarily through a definition of its terms. Although the three chapters devoted to these theories of marital therapy are brief, excellent references are included with which an interested reader could find more information. The clarity of this part of the book, however, would have been improved by the inclusion of case examples or charts comparing theories along various dimensions, such as the role of the therapist. A course instructor would need to supplement the material presented to enhance student understanding.

The authors emphasize throughout the book that they advocate an integrative, tailored approach to marital therapy. Integrative refers to the combining of theories and treatment methods, while tailoring means making treatment decisions on the basis of what is best for each individual couple. This approach is described in the seventh chapter, but the authors make it clear that it is an approach which is probably out of reach for the beginning therapist. Stages of development in becoming an integrative therapist are defined in the chapter. There is also a thorough discussion of three clinical research models, the McMaster Model, Olson's Circumplex Model, and the Beavers System. Two different integrative approaches are described, and tailoring is clarified by the discussion of three considerations in personally designing treatment—the level of marital conflict, the level of systems functioning, and the areas of individual functioning. The clarity and completeness of this chapter would greatly aid a student's understanding of the integrated, tailored approach.

Four chapters comprise the third section of the book, which focuses on treatment as seen from an integrative perspective. The chapter on the treatment process describes several similar versions of the stages of treatment, leading to the authors' presentation of a four-stage model of treatment. Unfortunately, however, the book's general clarity of organization is somewhat lacking at this point. It is thus difficult to fully understand this four-stage model, although various issues of treatment, such as assessment of psychiatric disorders, goals, negotiation, and mode of treatment, are discussed.

Separate chapters are devoted to assessment and intervention. The assessment chapter provides a complete discussion of important areas of assessment consideration, supported by research evidence. In addition, 15 assessment instruments are described in detail and complete references are included. The intervention chapter focuses primarily on five strategies of intervention, namely psychoeducation, emotional experience, development of interpersonal skills, reorganization of the marital structure, and insight and conflict resolution. This orientation is brief, but useful, and the references given provide potential access to more detail. The chapter also considers issues in marital therapy such as sexual problems, divorce, and nontraditional relationships, among others. A particularly helpful inclusion here are the comments on the effects of aging on relationships.

The last section of the book combines chapters on research, professional and ethical issues, and the discussion of a specific marital case. The research chapter lists important journals and abstract publications prior to a discussion of some areas of marital therapy which have been empirically studied. This discussion clearly illustrates how research can be of use for clinicians. A very brief chapter on ethics consists primarily of the American Association of Marriage and Family Therapists' Code of Ethics, although there is also a consideration of several common ethical dilemmas in marital therapy, including the secret affair. The case presentation in the last chapter follows a couple through the course of therapy, with the greatest emphasis placed on the initial visit and the assessment.

The overall format of this book should be useful to students in that it clarifies structure and makes understanding and learning the material easier. The writing is for the most part clear and concise, with introductory paragraphs and transition sentences helping to accentuate meaning. There is also a concluding paragraph at the end of each chapter which lists the material covered. A somewhat longer summary might have been more helpful in terms of student review of the material. The headings used throughout the book provide a useful orientation for readers, although in at least one instance mentioned, the logic of the headings seems lost. At the end of each chapter are ample references, and the excellent index makes it possible to find information quickly.

This book would be a useful text in classes which provide an introduction to working with couples. While some therapists or instructors might object to the exclusive focus on couples, and others might object to the use of psychiatric viewpoints and terminology (including DSM-III-R diagnoses), for other teachers and disciplines this will seem advantageous and appropriate. The book is perhaps too introductory to be very useful to practicing clinicians, although the excellent index and references could make it helpful for clinicians looking for further information about a topic.

REFERENCES

Dinkmeyer, D., & Carlson, J. (1984a). *Time for a better marriage.* Circle Pines, MN: American Guidance Service.

Dinkmeyer, D., & Carlson, J. (1984b). *Training in marriage enrichment.* Circle Pines, MN: American Guidance Service.

IACD OFFICERS and STAFF

PRESIDENT
George Altha McCoy
Lombard

PAST PRESIDENT
Dean Van Diver
Springfield

SECRETARY
Cathy Shelton
Decatur

TREASURER
William McFarland
Macomb

PRESIDENT ELECT
LaCleta Hall
Zion

EXECUTIVE DIRECTOR
H. Twyman Jones
Normal

PARLIAMENTARIAN
Lori Russell
Peoria

IACD GOVERNORS

Marlyse Anderson
Rock Island (1993)

Bette Toborg
Darien (1994)

J. D. Hawkins
Normal (1995)

Mary Lou Hawkins
Salem (1993)

Anna Marie Yates
Arlington Heights (1994)

Brenda Stadsholt
Havana (1995)

IACD DIVISION PRESIDENTS

IAMCD
Mary D. Lassalle
Waukegan

IAMECD
Chuck Eberly
Charleston

ICDA
Diane Kjos
Mokena

IMHCA
Kathy Bisbee
Bushnell

ISCA
Larry Williams
Crete

ICES
Lori Russell
Peoria

IACD
quarterly

department of educational
psychology and guidance
Eastern Illinois University
Charleston, Illinois 61920

Second Class
POSTAGE PAID
Charleston, Illinois 61920
USPS 451-660

IACD quarterly

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it

☐ Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

SPECIAL ISSUE

MEASUREMENT ISSUES AFFECTING THE STATE OF ILLINOIS

CG024170

Number 127
Fall, 1992

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
IACD

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

EDITORIAL BOARD

IACD quarterly

FALL 1992

EDITOR
M. Illovsky, Ph.D.
Western Illinois University
Macomb
ASSOCIATE EDITOR
Joan Green
Western Illinois University
Macomb
ASSISTANT EDITOR
Margaret Frohne
MANAGING EDITOR
Donald Moler
Eastern Illinois University
Charleston

Anita Curtis, Ed.D. (1993)
403 Fairchild Hall
Illinois State University
Normal, IL 61761-6901

Jo Ann Hummers, Ed.D.(1993
P.O. Box 365
Nagshead, NC 27959

Mary Ann Larsen (1993)*
South Surburban College
South Holland, IL 60473

Stephanie Braucht, M.S. (1994)
R.R. 1, Box 134
Joy, IL 61260

Jeffrey K. Edwards, Ed.D. (1994)
Department of Counselor Education
Northeastern Illinois University
Chicago, IL 60625-4699

Stephany Joy-Newman, Ed.D. (1994)
University Counseling Center
Memorial Hall
Western Illinois University
Macomb, IL 61455

Ellyn Bryce (1995)
Family Counseling Agency
Joliet, IL 60435

Edward E. Hamann, Ed.D. (1995)
Quad Cities Graduate Study Center
Western Illinois University
Rock Island, IL 61201

William McFarland, Ph.D. (1995)
Counselor Education
Horrabin Hall 74
Western Illinois University
Macomb, IL 61455

THE IACD QUARTERLY (USPS 4510660) is the official publication of the Illinois Association for Counseling and Development. The QUARTERLY serves the common interests of counselors and personnel workers in the State of Illinois.

MANUSCRIPTS: Address all correspondence to the editor: M. Illovsky, Ph.D., Memorial Hall, Western Illinois University, Macomb, IL 61455.

MEMBERSHIP: Membership in IACD includes a subscription to the IACD QUARTERLY. Membership information may be obtained from: Twyman Jones, P.O. Box 955, Normal, IL 61761-0955.

CHANGE OF ADDRESS: Notification of address change of subscriber or member should be sent at least five weeks in advance of publication. Undelivered copies resulting from address changes will not be replaced; subscribers should notify the post office that they will guarantee second class forwarding postage. Other claims for undelivered copies must be made within four months of publication.

PUBLICATION OFFICE: Department of Educational Psychology and Guidance, Eastern Illinois University, Charleston, IL 61920.

POSTMASTER: Send form No. 3579 to: Donald L. Moler, Eastern Illinois University, Charleston, IL 61920.

THE ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT QUARTERLY is printed quarterly: FALL, SPRING, SUMMER, WINTER; by the Illinois Association for Counseling and Development and Eastern Illinois University. Second class postage paid at Charleston, IL 61920.

Illinois Association for
Counseling and Development

IACD

Special Issue:
Measurement Issues Affecting the State of Illinois

Guest Editor: William E. Gorman

TABLE OF CONTENTS

Measurement Issues Affecting the State of Illinois: Background and Overview
William E. Gorman 2

Test Use Practices of Counselors Working in Educational Settings
Patricia B. Elmore, Ruth Ekstrom and Esther E. Diamond 4

The Meaning of Test Results for Counselors
Rick A. Myer and I. Michael Schyb 15

Assessment Issues with Non-Traditional Students
Dorothy Squitieri 22

Substance Abuse Assessment in Illinois
John A. Taccarino 31

Standardized Testing in Illinois: Adequacy for Purposes Used
Rita Karwacki Bode 41

Tech Prep and Illinois Assessment Needs
John A. Van Alst 59

IACD is a state branch of the American Association for Counseling and Development (AACD) and adheres to the Ethical Standards subscribed to by AACD.

Contents of this journal are copyrighted.

Measurement Issues Affecting The State of Illinois: Background and Overview:

William E. Gorman

The counseling profession has long been dedicated to the concept of helping individuals to improved self understanding.

The field of Measurement and Evaluation has, over time, been a valuable ally in the pursuit of that goal. It is the intent of the Illinois Association for Measurement and Evaluation in Counseling and Development, through this Special Issue, to address some of the measurement concerns which invited authors wish to call to the attention of Illinois Counselors.

Dr. Charles G. Eberly of Eastern Illinois University, IAMECD President, suggested, and Dr. Michael Illovsky of Western Illinois University, IACD Journal Editor, concurred, that this Special Issue might be a worthwhile contribution to our profession. The author was then charged with the responsibility of requesting manuscripts from selected Illinois leaders in the Measurement and Evaluation Area.

William E. Gorman is Professor Emeritus at De Paul University

Contributors to this Issue include four Past Presidents of IAMECD: Rick Myer, Patricia Elmore, Dorothy Squitieri and Rita Karwacki Bode. Additionally, Patricia Elmore is President of the Association for Measurement and Evaluation in Counseling and Development and has been serving on the Board of that National Association along with Dorothy Squitieri and Esther Diamond.

As Guest Editor of this Special Issue, I wish to personally thank each of the following authors whose articles appear in this volume: Rita Karwacki Bode, Patricia Elmore, Ruth Ekstrom, Esther Diamond, Rick Myer, I. Michael Schyb, Dorothy Squitieri, John Taccarino and John Van Alst.

Test UsePractices Of Counselors Working In Educational Settings

Patricia B. Elmore

Ruth B. Ekstom

Esther E. Diamond

Abstract

A survey of test use among 296 counselors employed in educational settings found that, while nearly all had responsibilities for test interpretation, only about two-thirds were highly confident of their test interpretation skills. Comparisons of members and non-members of AMECD, a professional group which disseminates information about good test use practices to its members, showed a number of significant test use differences, primarily involving test interpretation.

Patricia B. Elmore is a Professor at Southern Illinois University.
Ruth B. Ekstrom is with Educational Testing Service
Esther E. Diamond is an Educational and Psychological Consultant.
When this research was conducted, all three authors were members of the AMECD Committee on Test Bias and Test Use. The research was funded, in part, by the Counseling and Human Development Foundation.

TEST USE PRACTICES OF COUNSELORS WORKING IN EDUCATIONAL SETTINGS

Most school counselors use tests in their work. A survey of 155 secondary school counselors in Minnesota revealed that they frequently had the responsibility of administering their school's testing program; they also were responsible for helping students and parents interpret test information (Tennyson, Miller, Skovholt, & Williams, 1989). Elementary school counselors spend approximately seven percent of their time testing (Willgus & Shelley, 1988). Elementary school teachers see test interpretation as part of counselors' "Helper Role" (Ginter, Scalise, & Press, 1990).

During the 1980's increasing attention was given to test use and test interpretation as the public became more aware of the role of test scores in making decisions about individuals. Professional organizations and national committees gave attention to test user qualifications (Eyde, Moreland, Robertson, Primoff, & Most, 1988) and to the development of guidelines and standards for test users (e.g., AACD/AMECD, 1989; Joint Committee on Testing Practices, 1988). However, despite these efforts to improve testing practices, there was no systematic study to collect baseline data on how counselors use and interpret tests.

This article reports the results of a survey of test use practices of a sample of 296 counselors employed in educational institutions.

Method

Instrument. A questionnaire covering test use practices was developed by members of the AMECD Committee on Test Bias and Test Use. The questionnaire included items on three facets of test use – test interpretation, test administration, and test selection; demographic information; and familiarity with the Code of Fair Testing Practices in Education (Joint Committee on Testing Practices, 1988) and the AACD/AMECD Statement on the Responsibilities of Users of Standardized Tests (AACD/AMECD 1989).

Subjects. This article focuses on test use practices reported by a group of 296 individuals who identified their position as counselor and who also indicated that their primary work setting was in an educational institution (such as an elementary, middle, or junior high school; a high school; or a 2- or 4-year college).

These counselors are a subset of a group of 2,219 individuals who were sent the test use questionnaire described above. The questionnaire recipients included a random sample of 1,192 members of the American School Counselors Association (ASCA), a random sample of 693 members of the Association for Measurement and Evaluation in Counseling and Development (AMECD), and all 334 individuals who were members of both ASCA and AMECD. Thirty-three percent (739) of the questionnaires were returned; however, only 672 contained responses usable for analysis. The total group of respondents included counselor educators and counselor supervisors as well as counselors employed in a wide variety of work settings.

Analysis. Statistical analysis included a descriptive analysis with the percentage of respondents selecting each option on the test selection, test administration, and test interpretation questions. For each option, the counselors would indicate if this was something they "always or almost always" did (4), did "more than half the time" (3), did "less than half the time" (2), or did "seldom or never" (1). Means were computed for each option separately for AMECD members and non-members. Since AMECD has provided financial and human resources to disseminate to its members copies of the Code of Fair Testing Practices in Education (CODE) and Responsibilities of Users of Standardized Tests (RUST statement), as well as other information about test use through its newsletter, journal and convention presentations, it was hypothesized that AMECD members should be more aware of good test use practices than non-members. Therefore, one-tailed independent t-tests were conducted to determine the difference in mean responses to the three groups of test use questions for the counselors who were and were not members of AMECD. Finally, to determine if AMECD membership was significantly associated with having read either the CODE or the RUST statement, a chi-square test of independence was run.

Results

Nearly half (49%) of the 296 counselors responding to this survey said tests were important in carrying out their work and 17 percent said tests were very important. Ninety-one percent of the counselors said they had responsibility for interpreting tests, 83 percent said they had responsibility for administering tests, and 45 percent said they had responsibility for selecting tests.

Confidence in Test Use Skills. Those counselors who had responsibilities in each of these areas were asked to indicate how confident they were of their ability for these kinds of test use. Sixty-five percent of the counselors with test interpretation responsibilities said they were highly confident of their skills in that area. Eighty-eight percent of the counselors with test administration responsibilities said they were highly confident of their skills in that area. Forty-seven percent of the counselors with test selection responsibilities said they were highly confident of their skills in that area.

AMECD members were significantly more confident of their ability to interpret tests (M=3.72) than non-members (M=3.58), t (260) = 1.76, p = .0398. AMECD members were also significantly more confident of their ability to select tests (M-3.61) than non-members (M=3.31), t(127) = 2.71, p = .0039. However, AMECD members (M=3.91) did not differ significantly from non-members (M=3.86) in their confidence in their test administration skills.

Test Interpretation. Test interpretation practices of the 266 counselors with this type of responsibility are shown in Table 1. When interpreting tests, between one-half and one-third of these counselors said they "always or almost always" read the manual to find out the limitations of the test (52%), obtained other information to support or refute test results (44%), and took into account differences between those being tested and the group on which the test was normed (32%). Approximately one-fourth of the counselors said they "always or almost always" read the technical section of the test manual, explained the significance of separate norms for different racial/ethnic or sex groups, took into account individuals' familiarity with test content, took into account individual's test taking skills, used different norms for males and females, and disregarded norms when testing people from foreign language backgrounds or from other cultures. Only 12 percent "always or almost always' used different norms for different racial/ethnic groups.

Forty-one percent of the counselors said they sometimes try to collect data to develop local test norms. Thirty-two percent sometimes set or use a cut score. Very few counselors (10 percent) report ever using a test in a way not specified in the test manual.

TABLE 1
Percentage of Counselors Reporting
Various Test Interpretation Practices
(n=266)

	How often Done*			
	4	3	2	1
Read manual to find out the limitations of the test	52	31	11	6
Obtain other information to support or refute test results	44	23	15	18
Take into account differences between those being tested and the norm group	32	31	19	18
Take into account individuals' familiarity with test content	26	34	22	18
Take into account individuals' test-taking skills	25	37	17	21
Read technical section of a test manual	25	30	29	16
Explain the significance of separate norms for different racial/ethnic or sex groups	25	21	24	30
Use different norms for males and females	22	21	25	32
Disregard norms when testing people from foreign language backgrounds or other cultures	22	20	16	42
Use different norms for different racial/ethnic groups	12	14	22	52
Collect data to develop local norms	8	15	18	59
Set or use a passing/cut score	4	12	16	68
Use a test in a way not specified in the manual	0	1	9	90

*How Often Done: 4 = Always or almost always, 3 = More than half the time, 2 = Less than half the time, 1 = Seldom or never

As shown in Table 2, there were statistically significant differences between AMECD members and non-members for many test interpretation practices. AMECD members were significantly more likely to read the test manual to find out about limitations of a test (M=3.56) than were non-members (M=3.21), t (129.8) = 3.19, p = .0009 and more likely toad the technical section of a test manual (M=3.07) than non-members (M-2.49), t (257) = 3.86, p = .0001. AMECD members were more likely (M=2.98) than non-members (M=2.68) to take into account differences between those being tested and the group on whom the test was normed, t (248) = 1.84, p - .0334. They were also more likely to explain the significance of separate norms (M=3.72) than non members (M=2.30), t (250) = 2.45, p = .0075 and more likely to use different norms for males and females (M-2.60) than non-members (M=2.23), t (241) = 2.18, p=.0150. However, AMECD members were also significantly more likely to set or use a passing or cut score (M-1.74) than non-members (M=1.45), t (233) = 2.21, p = .0140; AMECD members were also significantly more likely to use a test in a way not specified in the manual (M=1.21) than non-members (M=1.07), t (65.3) = 2.06, p = .0217.

Test Administration. The percentage of the 245 counselors with test administration responsibilities reporting various test administration practices is shown in Table 3. When administering tests, more than half of these counselors said they "always or almost always" explain the reason for giving the test (89%), explain how the test results will be used (78%), and explain to test takers how to review their scores and ask questions about results (53%). Somewhat less than half said they explain to test takers the best strategies for taking a test (43%) or change administration procedures when necessary to accommodate individuals with disabilities (49%). Only one-third (33%) said they provided practice materials before giving a test.

Significant differences were found between AMECD members and non-members on only one aspect of test administration (See Table 4). AMECD members report explaining how test results will be used (M=3.83) more often than non-members (M=3.70), t (113.3) = 1.81, p = .0367.

Test Selection. Table 5 shows the percentage of the 132 counselors who have test selection responsibilities reporting various test selection practices. About two-thirds of these counselors said they "always or almost always" examined specimen sets of possible tests (67%), read test manuals or publishers' information (62%), or reviewed the content of possible tests (60%). Only half (50%) read reviews of possible tests. There were no significant differences in the test selection practices of AMECD members and non-members (See Table 6).

TABLE 2
Differences in Test Interpretation Practices of AMECD Member and Non-Member Counselors

	Mean Member	Mean Non-Member	df	t
Read manual to find out the limitations of the test	3.56	3.21	129.8	3.19*
Obtain other information to support/refute test results	3.09	2.88	250	1.22
Take into account differences between those tested and norm group	2.98	2.68	248	1.84*
Take into account familiarity with test content	2.74	2.66	242	.48
Take into account individuals' test taking skills	2.58	2.67	245	- .52
Read technical section of a test manual	3.07	2.49	257	3.86*
Explain significance of separate norms for different racial/ethnic or sex groups	2.72	2.30	250	2.45*
Use different norms for males and females	2.60	2.23	241	2.18*
Disregard norms when testing people from foreign language backgrounds or other cultures	2.04	2.29	211	-1.31
Use different norms for different racial/ethnic groups	2.00	1.79	240	1.30
Collect data to develop local norms	1.79	1.72	251	.50
Set or use passing/cut score	1.74	1.45	233	2.21*
Use a test in a way not specified in the manual	1.21	1.07	65.3	2.06*

* $p < .05$

TABLE 3
Percentage of Counselors Reporting Various Test Administration Practices
(n=245)

	How often Done*			
	4	3	2	1
Explain the reason for giving the test	89	8	2	1
Explain how test results will be used	78	18	3	1
Explain to test takers how to review their scores and question results	53	26	9	12
Change administration procedures to accommodate people with disabilities	49	13	14	24
Explain the best strategies for taking a test	43	29	12	16
Provide practice materials before giving a test	33	31	20	16

*How Often Done: 4 = Always or almost always, 3 = More than half the time, 2 = Less than half the time, 1 = Seldom or never

Familiarity with Test Use Guidelines. All of the counselors were asked if they had read either the statement on the Responsibilities of Users of Standardized Tests (RUST) or the Code of Fair Testing Practices in Education (CODE). Fewer than half (45%) had read either of these test use guidelines. Thirty-nine percent had read the RUST statement; 30 percent had read the CODE.

To determine if having read either the CODE or the RUST statement was associated with AMECD membership, a chi-square analysis was run. Having read either CODE or RUST was significantly associated with AMECD membership x^2 (1, N= 285) = 33.359, p = .0001. Calculation of standardized residuals showed that fewer AMECD members than expected had not read either the CODE or RUST statement while more AMECD members than expected had read either the CODE or the RUST statement.

TABLE 4
Differences in Test Administration Practices of AMECD Member and Non-Member Counselors

	Mean Member	Mean Non-Member	df	t
Explain the reason for giving the test	3.89	3.86	118.9	.56
Explain how test results will be used	3.83	3.70	113.3	1.81*
Explain to test takers how to review their scores and question results	3.17	3.21	235	- .23
Change administration procedures to accommodate people with disabilities	2.96	2.87	207	.44
Explain the best strategies for taking a test	2.76	3.04	231	-1.59
Provide practice materials before giving a test	2.59	2.85	230	-1.55

* $p < .05$

TABLE 5
Percentage of Counselors Reporting Various Test Selection Practices
(n=132)

	How often Done*			
	4	3	2	1
Examine specimen sets of possible tests	67	23	9	1
Read test manuals or publishers' information	62	28	8	2
Review the content of possible tests	60	31	7	2
Read reviews of possible tests	50	35	11	4

*How Often Done: 4 = Always or almost always, 3 = More than half the time, 2 = Less than half the time, 1 = Seldom or never

TABLE 6
Differences in Test Selection Practices of AMECD Member and Non-Member Counselors

	Mean Member	Mean Non-Member	df	t
Examine specimen sets of possible tests	3.66	3.51	127	1.12
Read test manuals or publishers' information	3.51	3.48	127	.25
Review the content of possible tests	3.51	3.46	126	.38
Read reviews of	3.29	3.31	127	- .09

* p < .05

Discussion and Conclusions

"Most popular criticisms of test are clearly identifiable as criticisms of test use (or misuse), rather than criticisms of the tests themselves. Tests are essentially tools. Whether any tool is an instrument of good or harm depends on how the tool is used" according to Anastasi (1992). She suggests several possible causes of test misuse. These include the search for quick answers, pressures from work overload, and inadequate or outdated knowledge about testing. Anastasi believes that inadequate and outdated knowledge is the most common cause of test misuse and, also, that it is the cause most readily remedied by better training.

The results of this survey support Anastasi's position. Counselors belonging to AMECD, a group which has made efforts to disseminate information about good test use practices to its members, were significantly more likely to rep using several good test interpretation practices, such as reading the test manual and taking into account differences between individuals being tested and those on whom the test was normed, than were counselors that did not belong to this group. However, there are also indications that some AMECD members may be over-confident about their test use skills, and, as a result, are using tests inappropriately. For example, AMECD members were significantly more likely than non-members to use tests in ways not specified in the test manual. There is also the suggestion, although the differences are not statistically significant, that AMECD members may place too much reliance on test scores without looking at other evidence and without taking into consideration differences in cultural and language background or in test taking skills.

These findings emphasize how important it is that state and national organizations provide opportunities for counselors to review what they know about test use and to update their skills where necessary. This will become increasingly important during the 1990s as counselors are faced with new forms of assessment, such as performance tests and portfolios, and with rapidly changing knowledge and technology involving assessment.

All counselors want to help their clients attain their highest potential. Good test use practices can help them achieve this goal.

References

American Association for Counseling and Development/Association for Measurement and Evaluation in Counseling and Development (1989, May). Responsibilities of users of standardized tests (revised). *Guidepost*, pp 12, 16, 18, 27, and 28.

Anastasi, A. (1992). What counselors should know about the use and interpretation of standardized tests. *Journal of Counseling and Development, 70*(5), 610-615.

Eyde, L.D., Moreland, K.L., Robertson, G.J., Primoff, E.S., & Most, R.B. (1988). Test user qualifications: A data-based approach to promoting good test use. *Issues in Scientific Psychology* (Report of the Test Use Qualifications Working Group of the Joint Committee on Testing Practices). Washington, DC: American Psychological Association.

Ginter, E.J., Scalise, J.J., & Presse, N. (1990) The elementary school counselor's role: Perceptions of teachers. *The School Counselor, 38*(1), 19-23.

Joint Committee on Testing Practices (1988). *Code of fair testing practices in education.* Washington, DC: Author.

Tennyson, W.W., Miller, G.D., Skovholt, T.G., & Williams, R.C. (1989). Secondary school counselors: What do they do? What is important? *The School Counselor, 36*(4), 253-259.

Wilgus, E. & Shelley, V. (1988). The role of the elementary school counselor: Teacher perceptions, expectations, and actual functions. *The School Counselor, 35*(4), 259-266.

The Meaning of Test Results For Counselors

Rick A. Myer
and
I. Michael Schyb

Abstract

Counselors are asked to interpret the results of tests as part of their everyday responsibilities. However, helping clients understand the meaning of these results is often difficult. This article describes briefly the meanings of the various types of results for: (a) achievement and intelligence tests, (b) personality tests, and (c) interest and career inventories.

THE MEANING OF TEST RESULTS FOR COUNSELORS

An activity that is characteristic of all counseling is the effort to understand clients (Blocher, 1987). Many methods and techniques are used in this quest, yet the basic need to understand clients is inherent if counselors are to develop appropriate interventions. Among the most used methods of appraisal are standardized tests. Standardized tests most often used by counselors can be broken into three general categories: (a) intelligence or achievement tests, (b) personality tests, and (c) interest and career inventories. The results of these tests assist counselors in placement and selection decisions, prediction of behavior, description and/or identification of problems, and detecting growth and maturing of clients (Drummond, 1988). It is important, therefore, for counselors to have an understanding of the meaning of test results before attempting to interpret these to clients (Rawlins, Eberly, & Rawlins, 1991).

This article will describe the meaning of some of the more common types of test results. These results will be discussed in three parts. First, we will review those types of results frequently associated with intelligence and achievement tests. Second, we will discuss the types of results most generally used with personality tests. Third, the meaning and use of results from interest and career inventories will be explored. A summary will conclude the article outlining how counselors might use test results with clients.

Rick A. Myer is an Assistant Professor and I. Michael Schyb is a Doctoral Student at Northern Illinois University

Intelligence and Achievement Tests

Results of intelligence and achievement tests come in several different forms. However before counselors can understand the results accurately, several pieces of information are needed. First, counselors should know the type of test. What was the test designed to measure? Was the test a survey of general knowledge or one that measures achievement in a specific area? Second, counselors should also know how tests measure the issue or construct. For example, intelligence tests come in many different forms and measure different constructs associated with intelligence. The Wechsler Intelligence Scale for Children-Revised and the Stanford-Binet Intelligence Scale illustrate how different formats are utilized to determine the same type of results. Third, the issue of how tests were administered is an important piece of information. Counselors should know if the tests were administered at the beginning of the year or at the end and whether or not tests were administered in a group or individually. This information is important for the reliable interpretation of test results.

Intelligence

Many different tests are used to determine clients' intelligence (Drummond, 1988). Examples of these tests are the Wechsler scales, Kaufman Assessment Battery for Children, Stanford-Binet Intelligence Scale, Slosson Intelligence Test, Otis-Lennon Mental Ability Test (Drummond, 1988). Because these are designed to measure various aspects of intelligence, results of these tests are subject to considerable misunderstanding (Sax, 1980).

Results of intelligence tests are most often reported as deviation Intelligence Quotients (IQs) which have a mean of 100 and a standard deviation of 15 (Sax, 1980). Knowing the mean and standard deviation tells counselors where these results are in relation to the general population. This information can be used to assist clients in understanding their ranking relative to the population. However, we recommend that counselors be cautious in giving IQ results to clients. Too often these results are seen as absolute. Instead, we suggest that counselors give clients an estimated range (confidence level) of what their scores would be using plus or minus 2 standard errors of measurement. For example, using this method with an intelligence test having a standard error of measurement of plus or minus 3 would mean adding and subtracting 6 points from the obtained score. The counselor could report to the client that an IQ of 110 would mean that the chances of IQ being between 104 and 116 would be 95 out of 100. This approach permits flexibility in the interpretation of results.

Achievement

A variety of standardized achievement tests measuring general and specific knowledge are used with clients. Examples of these tests are the Iowa Test of Basic Skills, California Achievement Test, Wide Range Achievement Test, Peabody Individual Achievement Test, and the Test of Adult Basic Education (Drummond, 1988). Achievement tests results can be used for placement and selection purposes, evaluation of programs, screening for specific problems, and feedback with respect to progress (Sax, 1980).

Results of achievement tests are often misunderstood. Typically results are reported using one or a combination of three methods: (a) percentile norms, (b) age-equivalent norms, and (c) grade-equivalent norms.

Percentile Norms. Percentile norms are ordinal measures (Sax, 1980). These scores identify the percentage of scores that fall at or below the given score (Drummond, 1988). While these scores seem straightforward and simple, counselors should realize that these scores can be deceiving. Because the scores are ordinal the difference between two sets of scores is not equal. In other words, the difference between 1 percentile to the 5th is equal to that of difference between 1st percentile to the 5th is equal to that of difference between the 50th and 70th percentile. Therefore, someone who changes percentile scores from the 1st to the 5th makes as much improvement as someone whose scores change from the 50th to the 70th percentile. In interpreting percentile scores, counselors should help clients to understand this concept and not to be misled by what seems to be minimal or a great deal of change depending on the differences between sets of scores.

Age Equivalent Norms. Like percentile norms, age equivalent norms are ordinal and therefore cannot be added or subtracted (Aylward, 1991). Changes in sets of scores are therefore not comparable. Results based on age equivalent norms represent what the average child at that particular age would score (Aylward, 1991). For example, if an average child of 7 years 9 months would have a raw score of 35 then the results of any child scoring 35 on this achievement test would be 7 years 8 months. High age scores mean that a child is ahead of peers developmentally, not that the child can necessarily perform the tasks characteristic of the higher age. Therefore, caution should be exercised in using these scores since these scores are not based on direct comparisons. Instead, age equivalent scores provide a rough idea of the level of functioning (Aylward, 1991). What counselors might compare is the age equivalent score with the chronological age (Drummond, 1988). Yet, even this comparison can be misleading.

Grade Equivalent Norms. Grade equivalent norms are very similar to age equivalent norms. Results are not direct comparisons and the intervals between sets of scores are not equal. Results reported in grade equivalents are useful in estimating children's functioning based on what average children would be doing at that grade level. Again, these scores do not signify an ability to perform at a higher level (Aylward, 1991), because tests at the higher level will have different types of items. Counselors should know that results reported in grade equivalents, as well as age equivalents, have little meaning after the sixth grade and 12 years of age (Drummond, 1988).

Personality Tests

Personality tests are designed to assess many issues. Some personality tests are omnibus in nature and attempt to measure many features associated with personality all at one time. On the other hand, some personality tests are very specific and purport to measure a single or very narrow range of personality characteristics. Personality tests may also be designed to measure pathology while other tests may be formulated to measure more normal aspects of personality. An awareness of the purpose of personality tests is needed for counselors to accurately understand the meaning of the results and interpret these to clients.

We will limit our discussion of personality tests results to those tests which are considered objective. The reason for not addressing the results of projective tests is due to their quantitative nature. Generally, objective personality tests results can be plotted on some type of profile sheet. This method of reporting results makes it easy for counselors to compare results from one section of a test to another. Profile sheets commonly appear in one of two forms: (a) bar graph profile sheet and (b) continuum profile sheet.

The first type of profile sheet is similar to bar graphs. The profile sheets used with the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and the California Psychological Inventory (CPI) are good examples of this type. Results are plotted in such a way as to display the amount of given personality characteristics clients have according to that test. Raw scores are typically converted to some type of standardized scores are used, standard deviations can be utilized to determine how clients compare to others. Using the concept of a bell curve, counselors would know that a person scoring two standard deviations above or below the mean would be like only two percent of the population. Likewise, a person one standard deviation above or below the mean would be similar to 13.5% of the population. Counselors are thus able to describe to clients the strength and presence of personality characteristics and how similar they are to others.

Continuum type profile sheets are based on an ipsative format. The ipsative format means that clients' results are compared with each other so that scores on one variable are affected by scores on another variable (Aiken, 1989). Examples of tests that use this type of profile sheet are the Sixteen Personality Factor Questionnaire (16PF) and the Myers-Briggs Type Indicator (MBTI). This method of reporting results is useful for describing the relationship of paired personality characteristics. For example, on the MBTI extroversion is paired with introversion. The belief is that no one is completely extroverted or introverted, but in fact both characteristics are present in people. The results of the MBTI allow counselors to interpret to clients the relative degree to which they manifest both extroversion and introversion.

Interest and Career Inventories

Results of interest and career inventories most often are used to directly compare clients' scores with a norm group. These tests compare clients' scores with others from specific groups meaning that interpretation of results is based on comparisons (Drummond, 1988). Recognition of this point is important for counselors in order to guard against misunderstanding and misuse of these scores. It is far too easy for clients to translate the meaning of these results into qualities that suggest aptitudes or abilities. These results can be used similar to continuum graph profiles of personality testing, for many interest and career inventories utilize an ipsative interpretation press (Drummond, 1988). Similar to the continuum graph profile, results on one variable influence the results on another variable.

Counselors use several different interest and career inventories. Examples include the Strong-Campbell Vocational Interest Inventory, Self-Directed Search, and Career Occupational Preference System. In the past, these tests were paper and pencil tests. However, the recent trend is to utilize computer technology in administering and interpreting this type of test. While the use of computers makes these tests more readily available, provides clients with immediate feedback and results, and frees counselors for other tasks, misuse and misinterpretation of scores is also a problem (Aiken, 1989). Therefore preparing clients to not only use these systems, but to also understand the results is an important task for counselors.

Results from interest and career inventories generally are found in one of two forms. First results are based on comparisons. The results compare interests of clients to those of people who are considered successful in certain occupational fields (Drummond, 1988). Counselors should guard against clients misinterpreting these results as skills and/or abilities. Clients may believe just because they have interests similar to that of a medical doctor or bank president, they have the necessary skills to be successful in those occupations. Therefore counselors should always take time to conduct interpretations of these results. Clients need to realize that other factors influence success in occupations other than interests (Drummond, 1988).

Second, results of interest and career inventories often provide a type of personality measurement. The belief is that certain personality types are more successful in given occupational fields. For example, the Strong Campbell Interest Inventory categorizes clients' personality into Holland codes: (a) realistic, (b) investigative, (c) artistic, (d) social, (e) enterprising, and (f) conventional (Drummond, 1988). In turn these codes, or personality types, can be compared to the codes given to occupations. Clients then have a basis to believe that they have the interests which may assist them in being successful in an occupation. As before, counselors should take care not to mislead or allow clients to be misled by these results. There are no guarantees because interest and career inventories do not measure skills and/or abilities.

Summary

We have discussed various ways test results are reported and described briefly the meaning these various formats and how counselors might use these. However, we have only touched the surface of the subject. Ideally counselors should also know and understand how tests were developed, for this information proscribes some limitations to the meaning of the results. It is important for counselors to understand the concepts of reliability and validity since these also contribute to how much and what kind of interpretations can be made.

AACD's ethical guidelines state that counselors should guard against misuse of test results. One means of adhering to this guideline is to become knowledgeable of the different forms and formats to which test results are reported. Unfortunately, due to the general quantitative nature of test results, counselors may be predisposed to overlooking the development of the skills needed to understand tests. Counselors should recognize their ability and limitations in this area and practice accordingly. We encourage counselors to seek training and supervision before attempting to use any test. We also recommend that counselors stay current through workshops and use only those tests for which they have the experience and expertise.

References

Aiken, L.R. (1989). *Assessment of personality.* Boston: Allyn and Bacon.

Aylward, E. (1991). *Understanding children's testing.* Austin, TX: Pro-Ed.

Blotter, D.H. (1987). *The professional counselor.* New York: MacMillan Publishing Company.

Drummond, R.J. (1988). *Appraisal procedures for counselors and helping professionals.* Columbus OH: Merrill Publishing.

Rawlins, M.E., Eberly, C.G., & Rawlins, L.D. (1991). Infusing counseling skills in test interpretation. *Counselor Education and Supervision, 31,* 109-120.

Sax, G. (1984). *Principals of educational and psychological evaluation* (2nd ed.). Belmont, CA: Wadsworth Publishing Company.

ASSESSMENT ISSUES WITH NON-TRADITIONAL STUDENTS

Dorothy Squitieri

Abstract

Does assessment help or discourage non-traditional students to think and solve problems? This article is an attempt to broaden the concept of assessment to be an inclusive process of self-evaluation, the interpretation of tests results, and the counseling interview. When applied to the non-traditional student, this is particularly important because of the diversity of this population – by age, gender, culture and race, disability and educational background. This diversity will continue, as learning and development is integrated over the life span. Goal 5 of America 2000 (Interim Report, 1991), the educational reform proposal, recognizes this concept of lifelong learning by stating that Americans will be involved in strengthening the connections between education and work and that workers will have the opportunity to acquire knowledge and skills, from basic to highly technical. This is expected to enhance our competitiveness in the global economy.

Dorothy Squitieri is with the College of Du Page

ASSESSMENT ISSUES WITH NON-TRADITIONAL STUDENTS

The Meaning of Assessment

Assessment of learning and development enables individuals to become more knowledgeable about their current goals, academic achievement levels, interest, values, and personality related to educational and/or employment pursuits. Learning generally refers to the acquisition of knowledge or behavior, as a result of one's experience. Development is typically synonymous with growth or progressive changes in the person (Erwin, p 18). Assessment can involve testing and its interpretation, self-evaluation, and interviews with qualified counseling and development people. The information gained from assessment activities can be a learning experience and can help people determine their readiness to make commitment to educational or retraining goals and an appropriate beginning point that will lead to success.

When standardized testing is used as part of the assessment press, the **The Standards for Educational and Psychological Testing** (1985) should be followed to assure fairness. The AACD/AMECD Policy Statement in **Responsibilities of Test Users (The Rust Statement)** (1989) summarizes several standards which can be very helpful in working with the non-traditional student.

- Determine the purpose for the testing – placement, prediction, diagnosis, growth or program evaluation, considering the theory, its limitations, benefits and consequences for the individual. Is this information available from other sources?

- Counselors and student personnel workers should be qualified by training to use and interpret each test and are responsible for updating and understanding the nature and limitations of the instruments they use; particularly, when working with diverse populations.

- Determine whether a common test or different tests are required for accurate measurement of groups with special characteristics; such as language or culture.

- Reliability data needs to be evaluated for factors which may artificially raise or lower the estimates; such as, for test speededness or biases in population sampling.

- A single test score should not be the sole basis for placement or selection. Use all information that is available – socio-economic status, gender, sex, school experience, for decision making with the individual.

- When tests are used for program evaluation, consider that favorable outcomes for the program may differ from the individual's point-of-view, particularly for placement.

- When processing data used for research or program evaluation, assure the individual's anonymity by releasing information in aggregate form only. (To comply with the Buckley Amendment – **the Family Educational Rights & Privacy Act of 1974.** {Erwin, 1991, p. 150}).

- When interpreting test results, inform the individual of possible actions that may be taken by the agency using the test results and obtain the consent of the individual before using test results for purposes other than individual decision making.

- Inform the individual receiving test information of any factors necessary to understand potential biases for a given test result and that this is just one source of information.

Goals of accurate assessment include the development and clarification of goals; the opportunity to maximize success, to enhance strengths and diminish weaknesses; the determination of skill levels; the establishment of data bases (norms) and ultimately to provide options and assist with responsible decision making (Student Service Comm, 1982). These goals are all aspects of effective counseling. The key word here is accuracy. Accuracy will depend on both the validity and reliability of any test instrument used and on the skills of the counselor in giving information to the diverse population of the non-traditional student.

The Non-Traditional Student

Who are the non-traditional students? An emerging definition of the non-traditional student, in college settings, is someone returning to education after the age of 25. This article will deal primarily with the college population; however, the children of immigrants have and do present educational concerns in the K-12 population. When a child's background and language are different than the majority and the test norms, do test results, alone, give us reliable information? How do we accommodate these differences? How do we get accurate information for educational reform and the goals of America 2000? Employment testing, though beyond the scope of this article, is another area of concern in working with the assessment of diverse populations.

In our community colleges, technical schools, 4 year colleges and universities where the non-traditional students are engaged in various educational and re-careering pursuits, there are probably four distinct groups, based on age and sex, with unique issues, regarding assessment. Each group consists of people with individual concerns. The issues will vary, within the group, depending on college or non-college experience. These variables are, again, confounded by the large group of people engaged in E.S.L. (English as a Second Language) classes and the requirements of the new Disabled Americans Law. The concern, for counselors, is how to help each individual make good decisions about their lives and work.

Adults and Intellectual Performance

That adults benefit from higher education is well established. Several longitudinal studies (Willis, 1985, pp. 819-920) suggest that contrary to the traditional assumption that peak intellectual performance occurs in adolescence, modest increments in intellectual performance occur well into the forties. Peak performance on numerical computation and inductive reasoning occur in the thirties, for spatial orientation into the forties and verbal ability into the fifties. Thurstone's index of educational aptitude (EA = 2 Verbal + Reasoning) would suggest that peak performance occurs in the forties rather than in childhood, due to the additional increments of verbal ability. Normative performance continues at least through age 80, at or above 75% of the performance levels at age 25. Longitudinal studies, of the same individual, show that significant normative declines do not occur until the late sixties. A stimulating work environment has been found to be associated with continued intellectual development (Willis, p. 825). Lifelong learning, one of the goals of AMERICA 2000, is an intellectual possibility for people who chose it.

Individual differences need consideration for variations in performance skills with the normative aging presses; given that aging begins at birth. Contrary to popular myths, sensory changes in normative aging are relatively small; though, individual changes may present concerns in assessment. Eighty per cent of older people have fair to adequate visual or corrected acuity into their 90's and seventy per cent have adequate hearing (Butler & Lewis 1982, p. 47). Abilities measured under **speeded** conditions, those involving perceptual motor functioning or abstract reasoning show patterns of decline; however, Lorge found, in 1936, that if older people were given enough time on tests, they functioned as accurately as young test takers (Butler & Lewis, 1982, p. 29). In a discussion of life span creativity, the question of capacity or output can apply in a variety of testing situations (Romaniuk & Romaniuk, 1981, p. 373). Are we testing for capacity to learn/create or for output within the moment? Questions of the age and experience of the test takers; changes in their judgment and sophistication and scoring biases may interfere with the reliability and validity of measurement instruments. These questions need to be discussed with the individual as part of the interpretive interview. Different individual patterns of aging have come to be considered the most prominent feature of adult intellectual development (Willis, 1985 p. 821). There are more individual differences, in groups of older people than in groups of younger people. In assessing the diversity which the aging press suggests and to meet the needs of critical thinking, judgment and higher order thinking in the workplace and adult life, Resnick & Resnick (1991) suggest a more performance based assessment process; such as, work samples, portfolio, writing samples, etc.

Intellectual development, though most relevant in the education/training field, is only one form of development which is occurring during normal aging. At the same time, personality/self-concept, career/economic, health, family/social and spiritual development is proceeding along other divergent patterns. These areas contribute to the motivations of non-traditional students and motivation is very difficult, if not impossible, to measure. Therefore, in the assessment of adults, the counseling interview must take into consideration the individual, their experiences and their expectations, as well as test data.

Individual assessment is a very difficult, demanding and time consuming, therefore costly, process. Determining the credibility of prior educational experience; the amount remembered and the quickness of restoring memory, as well as developing new structures for the newly acquired learning is a difficult process that requires counselor's time and the student's efforts. It is demanding because of the time constraints usually involved due to employment and/or family concerns. To assure retention and the success of individual students, the assessment process must help students know where to start and where their chances of success will be maximized.

Issues in Assessment of Non-Traditional Students

Age, sex, educational attainment and career aspirations contribute to the motivations of adults who return to educational endeavors. In the normal transitions of adult development and in the unexpected transitions of the workplace, adults are seeking skills and learning through educational certificates and degrees. Ideally, people would return to education to pursue learning for learning's sake and many people do, to satisfy their own internal motivations. However, many others seek new educational experiences to satisfy external motivators in the work place and in life situations.

For young women in their 20's and 30's, married with children, who return to school, the support of their family and friends is necessary to complete their goals. They are motivated to use the time well because of the guilt involved in taking time from their families (Holliday, 1985, p. 67-68). Assessment interviews, with test results, need to be supportive, time efficient and contribute to the goals of the individual. If these women are also in the workplace, their time is even more constrained; but, the workplace may be adding to their motivation.

For women in their 40's and 50's, who are returning after raising their families, developmental identity issues may predominate, along with the guilt of feeling relief at the opportunity to develop one's self (Holliday, 1985, p. 68). Self-esteem and anxiety issues will be part of any assessment program and must be considered in the interpretation of test data. Strengths can be shown from the data and become part of the learning strategies used in the pursuit of goals. If weak areas need development, strengths can be reinforced and specific information about institutional programs to assist this development can be given.

Young men, who return to education, are probably motivated by the workplace to seek skills or complete a degree. Many young men, who may be high school drop-outs, did not have a goal and consequently, did not see the need for education. Their prior educational experiences need exploration for effects that may interfere with new learning. Having a goal contributes to their motivation but, memories or past failures may affect this new experience. Their identity and self-esteem must be protected while enhancing their strengths through the assessment process. Institutional programs to help fill in any educational gaps can be encouraged.

Men, who return to education in their 40's or 50's, may have achieved a measure of success in their careers; but, may need a degree for further promotion; may be part of the technological changes requiring additional training or may have been dislocated due to industrial closings and need immediate skill training to replace income. If there is a long gap in their educational experience, aptitude testing may be very stressful and the results may or may not be indicative of ability. The anxiety of the test situation needs to be considered when making decisions.

Prior college experience, successful or not, needs to be considered with each of these populations, for establishing credits or for remediation. Poor experiences may add to the anxiety of any assessment program. Learning requires adults to relate new situations to previous ones and new information to ingrained ways of thinking (Simosko, 1988, p. 176). In the beginning of the process, there is a natural resistance to change. This resistance is present in any initial testing situation, raising anxiety. Within a few weeks of school, this resistance is all but forgotten; assessment, at this time, may be more accurate.

With the increases in immigration and the growth of the Hispanic population, language becomes another variable in test measurement and interpretation. Bi-lingualism needs to be determined for the dominant language and may require testing in both languages. The culture of the individual and the counselor need to be considered for biases and stereotyping.

The disabled population presents a series of issues that will have to be addressed. What is the disability? How has the person accommodated their disability? What is the nature of prior learning? Where are the gaps in learning, if any? Are current assessment instruments, reliable and valid with the disabled population?

Test anxiety, due to a fear of failure, the effects of test results on self-esteem, and ability of people to be assertive in questioning the results are issues that need to be considered and acknowledged in interpreting test results with the "aging" population (Sommerstein, 1986), cross-culturally and with disabled people. As the whole population ages and remains in the workforce, assessment issues will increase with the diversity of people's experience. Rather than be a discouraging procedure, assessment can be a very positive, strength building process which can be used to help people, of any group, develop in positive directions.

The Code of Fair Testing Practices in Education (1988) affirms the necessity of test users:

> *to review the performance of test takers of different races, ethnic, gender backgrounds when samples of sufficient size are available and to evaluate the extent to which performance differences may have been caused by inappropriate characteristics of the test. When necessary and feasible, use appropriate modified forms of tests or administration procedures for test takers with handicapping conditions. Interpret standard norms with care in the light of the modifications that were made (p. 3).*

References

American Association for Counseling & Development/Association for Measurement & Evaluation in Counseling & Development. (1989). *The responsibilities of test users (The rust statement).* (Single copies available free from AACD).

Butler, R.N. & Lewis, M.I. (1982). *Aging & mental health: positive psychosocial and biomedical approaches* (3rd ed.). St. Louis: Mosby, The C.V. Co.

Code of fair testing practices in education. (1988) Washington, D.C.: Joint Committee on Testing Practices. (Mailing address: Joint Committee on Testing Practices, American Psychological Association, 1200 17th Street, NW, Washington, D.C. 20036.)

Erwin, T.D. (1991) *Assessing student learning and development.* San Francisco: Jossey-Bass.

Holliday, Gay. (1985). Addressing the concerns of returning women students. *New Directions for Student Services, 29,* 61-73.

Interim report from resource group on adult literacy and lifelong learning. (1991). *Resource Group Interim Report.*

Resnick, L.B. & Resnick, D.P. (1991) Assessing the thinking curriculum: New tools for educational reform. In B.R. Gifford & M.C.O'Connor (Eds.), *Changing assessments: alternative views of aptitude, achievement and instruction.* Boston: Kluwer.

Romaniuk, J.G. & Romaniuk, M. (1981). Creativity across the life span: A measurement perspective. *Human Development, 24,* 366-381.

Simosko and Assc. (1988) *Assessing learning: A CAEL handbook for faculty.* Columbia, MD. Council for Adult & Experiential Learning.

Sommerstein. J.C. (1986). Assessing the older workers: The career counselor's dilemma. *Journal of Career Development. 13,* 52-55.

Standards for educational & psychological testing. (1985). Washington, D.C. American Psychological Association.

Student Service Commission, Illinois Council of Community College Administrators, (1982). *Student services in Illinois community colleges: A manual for student service professionals.*

Willis, S.L. Towards an educational psychology of the older adult learner: Intellectual and cognitive bases. In J.E. Birren & K.W. Schaie (eds.) *Handbook of the psychology of aging.* (pp. 818-847). New York: Van Nostrand Reinhold Co.

Substance Abuse Assessment In Illinois

John R. Taccarino

Abstract

This article presents an overview and analysis of the three major assessments of substance abuse manifestations and tendencies: clinical drug tests and measures of blood alcohol level, psychological scales and diagnostic interviews.

SUBSTANCE ABUSE ASSESSMENT IN ILLINOIS

In Illinois and throughout the nation, substance abuse problems remain at epidemic levels. The wave may have crested and we may now be seeing some press in changing attitudes toward illicit drug use, however, the war on drugs and alcohol abuse has in no way been won and a long fight is still in front of us in the helping professions to bring containment to this epidemic.

John R. Taccarino is an Associate Professor at De Paul University

For the efforts of counselors to succeed in this area we obviously need valid and reliable means of assessing individuals who are at the greatest risk of developing or maintaining substance abuse problems.

The most commonly used assessments of substance abuse manifestations and tendencies include chemical drug tests, measures of blood-alcohol levels, psychological instruments such as the *MacAndrew Addiction Scale of the MMPI* and the *Chemical Dependence and Alcohol Dependence* scales of the *MCMI (The Millon Clinical Multiaxial Inventory)*, and diagnostic interviews.

Chemical Drug Tests and Measures of Blood-Alcohol Levels

Chemical drug tests are widely used in business settings to screen potential drug users in the personnel selection process and to monitor drug use among employees, particularly in areas where abuse could be dangerous to customers or other employees. Like breath samples or measures of blood-alcohol levels to identify intoxicated drivers, chemical drug tests function somewhat like a spider's web by catching users of illegal drugs or those driving under the influence of alcohol.

The somewhat or highly punitive consequence of getting caught by one of these assessments can certainly create feelings of guilt or possibly hostility when an individual is referred to a counselor for assistance. Pursuantly, the feelings produced by this mode of diagnosis could be quite counterproductive to the initial attempts to build trust within the counseling relationship.

Another possible concern which relates to the diagnostic effectiveness of chemical drug tests or measures of blood-alcohol level is that they do not necessarily establish that the person identified as having taken illegal drugs or who was legally intoxicated at the time of assessment was exhibiting or had the risk of exhibiting a long term, entranced pattern of abuse. Because a person has used illicit drugs or alcohol, this does not necessarily establish that he/she is an entrenched abuser. The use identified may only represent an occasional indiscretion or experimentation that will never be confirmed as a habit. Pursuantly then, the basic problem with chemical drug testing or blood-alcohol assessment is that they may have some merits from a law enforcement or business security perspective, but they appear somewhat dubious in merit from a helping perspective.

Psychological Scales

On the other hand, psychological scales such as the *MacAndrew Addiction Scale of the MMPI*, the *Alcohol Dependence* and the *Drug Dependence* scales of the MCMI, and the *Substance Abuse Resistance Indicator (SARI), Adult Form*, a research instrument recently developed by the author of this article, Dr. John Taccarino, and Dr. Margaret Leonard, appear to offer a greater and more sensitive range of assessment applications than the aforementioned measures. The one area where the use of chemical drug tests and blood-alcohol assessments could have an important value to counselors would be in pairing them with a psychological scale such as the *SARI, Adult Form* or the *MacAndrew Addiction Scale* to deal with the problem of denial. For example, if a person shows positive on a chemical drug test for cocaine use, but denies having a problem that he/she cannot handle, the presence of a low score on the *Substance Abuse Resistance Scale of the SARI, Adult Form* (indicative of individuals who are high risk with regard to their disposition to substance abuse problems) could be useful in the assessment interpretation press to help him/her to confront the reality of his/her substance abuse proneness and willingly to accept counseling.

Before discussing the counseling and other applications of the psychological scales cited, this would appear to be an appropriate place to introduce the *SARI, Adult Form*. As indicated, the instrument was developed by Dr. John Taccarino and Dr. Mara Leonard who are associated with the Human Services and Counseling Program at DePaul University in Chicago. The key emphasis within the assessment model for the *SARI, Adult Form* was to assess factors related to substance abuse resistance. The design for the instrument reflected an assessment/prevention theory which posited that by identifying an adult's experiences, traits and attitudes which counteract substance abuse, these experiences, traits and attitudes can be reinforced and built upon in prevention programs and counseling to help inoculate the individual against substance abuse risks. Conversely, a person who lacks these resistance traits would be seen as prone to substance abuse problems.

Developed over a period of five years, The *SARI, Adult Form* (an adolescent form of the instrument is presently being developed) contains fifty items utilizing a combination of yes/no and multiple choice formats. Scores are reported via two scales, the Positive

Impression Scale and the *Substance Abuse Resistance Scale*. The *Positive Impression Scale* is a validity indicator which seeks to assess whether the individual has attempted to make himself/herself appear in a good light by faking responses which could distort the assessment process. The *Substance Abuse Resistance Scale* seeks to provide an effective and usable assessment of a person's resistance to substance abuse. From a diagnostic standpoint, individuals scoring high on the instrument tend to have family, environmental and attitudinal dispositions which help shield them from becoming long term, entrenched substance abusers. Those scoring low on the SARI are seen as lacking resistance indicators and are thus considered prone toward the development or present manifestation of substance abuse difficulties.

On the strength of the body of research upon which the instrument is based, the instrument is seen as being useful for both diagnosing a need for treatment and identifying possible directions for the treatment of substance abuse problems. Among individuals diagnosed as substance abuse prone on the basis of the SARI score and other corroborating criteria, the instrument can help identify disposing factors associated with his/her background, behavior and attitudes. By isolating these factors, treatment options can be more specifically defined to help build resistance capabilities responsive to the person's particular background and need structure.

In another area relating to the selection of a treatment protocol, the SARI can be of assistance in helping to determine whether an apparent substance abuse problem represents a primary dysfunction or a symptom of some other underlying disorder. If the individual's score on the SARI falls in a range which indicates that the person's expressed substance abuse would be viewed as symptomatic rather than primary, further evaluation would be recommended to identify the underlying disorder prior to the application of or referral for treatment.

The SARI can also be of value in developing a treatment prognosis. In general, if a person has an active substance abuse problem, higher score elevations on the SARI tend to suggest that the problem could be related to situational stress and social pressures. The prognosis for recovery then would be essentially positive and the treatment period could be seen as limited in duration. On the other hand, the presence of an active substance abuse problem and a low score on the SARI would tend to be indicative of a strong proneness and entrenched dispositions to substance abuse requiring long term, in depth treatment.

The ability of the *Substance Resistance Scale* of the *SARI, Adult Form* to help select treatment approaches is not unique to this instrument, but is also evident in the other scales cited. On the other hand, although two or more existing scales may purport to measure similar constructs, the reality of what they are actually assessing may not be necessarily equivalent. It would appear important then for the purposes of selecting appropriate instruments for the assessment of substance abuse tendencies to have a clear understanding of what the alternative scales are actually measuring.

Seeking to evaluate the assessment similarities and dissimilarities between the *Substance Abuse Resistance Scales of the SARI, Adult Form* and the *MacAndrew Addiction Scale of the MMPI*, both scales were administered to a sample of 58 business persons between the ages 22 and 65 who were living in the Chicago Metropolitan area.

A -.38 correlation was found between the sample group's scores on the *Substance Abuse Resistance Scale* and their scores on the MacAndrew Addiction Scale of the MMPI. *The Mac Andrew Addiction Scale* is used clinically to differentiate both alcohol and drug abusers from non-abusers. The negative correlation found between scores for these scales is consistent with construct expectations as the scores go in opposite directions from an interpretation standpoint. High scores on the MacAndrew Addiction Scale are indicative of substance abuse tendencies whereas low scores on the *Substance Abuse Resistance Scale* are associated with substance abuse proneness. While the correlation found is moderately supportive of some elements of a shared substance abuse assessment construct, there appears to be areas of differentiation with regard to what the respective instruments are measuring. The *MacAndrew Addiction Scale* was originally developed in 1965 to distinguish alcoholic psychiatric patients from non-alcoholic psychiatric outpatients. Subsequent studies (Burke & Marcus, 1977; Kranitz, 1972; Lachar et al., 1976; Sutker et al, 1979) found that the scale was useful in distinguishing drug abusers from non-drug abusers. On the other hand, Caldwell (1985) found that the MacAndrew Addiction Scale did not differentiate marijuana users and non-users in a college population, nor did it identify cocaine abusers in the population he studied.

Due to questions relating to the ability of *Mac Andrew Addiction*

Scale to differentiate marijuana users from non-users, studies (Leonard and Taccarino, 1992) were carried out to assess whether the *Substance Abuse Resistance Scale* could serve as an alternative form of assessment for diagnostic functions where it would be important to distinguish marijuana users from non-users and whether the *Substance Abuse Resistance Scale* could also be seen as effective in areas where the *MacAndrew Addiction Scale* has exhibited strength such as the diagnosis of alcohol abuse.

In a study (Leonard and Taccarino, 1992) of individuals working in white collar supervisory and sales positions in the states of Florida, California and Illinois, it was found (see Table 1) that the mean *Substance abuse Resistance Scale* score for the group admitting to the use of marijuana was 36.8 and the mean score for the group which did not report the use of marijuana was 53.6. Using a two tailed t-test (see table 1), a statistically significant difference was found at the .001 probability level between the mean scores of the group reporting the use of marijuana and the group which did not report the use of

TABLE 1

A comparison of the mean substance abuse resistance scale scores of a sample reporting the prior use of marijuana and a sample group denying the prior use of marijuana

	Reporting use of Marijuana	**Denying use Marijuana**
Number	27	173
Mean Score	34.6	54.6
Standard Deviation	9.8	8.1

t value: -11.71
.001 Confidence Level
Degrees of Freedom: 118
Critical Regions: $p < -3.21$
$p > 3.21$

marijuana. It was concluded that the group which did not indicate the use of marijuana had significantly higher scores on the Substance Resistance Scale of the SARI than the group which admitted the use of marijuana.

This finding would tend to identify the Substance Abuse Resistance Scale as a possible alternative to the MacAndrew Addiction Scale in the diagnosis of potential or manifest marijuana abusers.

The efficacy of the Substance Abuse Resistance Scale in diagnosing alcohol related problems was assessed in a study (Leonard & Taccarino, 1992) in which 200 white collar workers from Illinois, Florida and California were administered the SARI and then asked whether they had been late for work or an appointment due to an alcohol or drug related hangover during the past year. It was found (see Table 2) that the mean Substance Abuse Resistance Scale score was 36.7 for the group who reported being late for work or an appointment due to an alcohol or drug hangover during the past year

TABLE 2
A comparison of the mean substance abuse resistance scale score of a sample group who reported being late for work or an appointment due to a drug or alcohol related hangover and the mean score of a sample group who did not report tardiness due to a drug or alcohol related hangover

	Reported Hangover	No Report Of Hangover
Number	17	182
Mean Score	36.8	54.6
Standard Deviation	10.1	9.8

t value: -6.78
.001 Confidence Level
Degrees of Freedom: 118
Critical Regions: $p < -3.21$
$p > 3.21$

and 53.5 for the group who did not report that they had been late for work or an appointment due to a hangover. Using a two tailed t-test analysis, a statistically significant difference was found at the .001 probability level between the mean score of the group (see Table 2) who reported the effects of an alcohol or drug related hangover and the group who did not report the incidence of a hangover. It was concluded that the group who did not report a hangover had a significantly higher mean *Substance Abuse Resistance Scale* scale score than the group which did report the incidence of a hangover (Leonard and Taccarino, 1992).

Since the "hangover" group's mean score 36.8 would fall into the *Weak Resistance Range* among the interpretative categories defined for this scale, there is a suggestion that the Substance Abuse Resistance scale has diagnostic promise in the assessment of those prone to exhibiting symptoms of alcohol and drug abuse. Pursuantly, the SARI could be a promising alternative to the *MacAndrew Addiction Scale* in the diagnosis of alcohol abusers or potential alcohol abusers.

Similar studies are presently being carried out by the author of this article in seeking to identify diagnostic similarities and differentiations between the Alcohol Dependence and Drug Dependence Scales of the MCMI and the *Substance Abuse Resistance Scale.*

Regarding the use of psychological scales in substance abuse assessment, a specific area of need which is presently unmet lies in the area of child and adolescent assessment. The major scales cited were developed for and really can only be legitimately applied to adult populations. Pursuantly, there is a strong unmet need to develop scales tailored to and developed for children and adolescents.

In high school and community agency drug education programs, psychological scales geared to adolescents could be extremely useful in communicating their level of disposition toward or resistance to substance abuse problems. By helping an adolescent to identify a proneness to substance abuse problems before they become manifest or deeply entrenched, this could serve as a key warning to help restrain casual experimentation. It could also be an extremely useful springboard for preventive counseling to help deal with tendencies before they become addictive and potentially permanent. Also, by identifying areas of substance abuse resistance within a given adolescent's attitudes and background, preventive efforts could more specifically target existing resistance factors which could be strongly and consistently reinforced to help further inoculate the individual against substance abuse risks.

As indicated previously, the authors of the *SARI, Adult Form* are presently developing a version of the instrument tailored to the assessment needs of an adolescent population. It is hoped, however, that this area of appraisal will also be developed by others who are presently working with an adolescent population.

Diagnostic Interviews

Diagnostic interviews can be useful if used in conjunction with psychological scales in the assessment of substance abuse proneness. The technique allows the counselor or therapist to probe areas of defense and denial which often hide the reality of an entrenched abuse pattern from the individual himself/herself. It is probably best to conduct the interview after the results of the psychological scale can be assessed. By identifying overall patterns of proneness and scanning the item responses for clues, a great deal of time can be saved by avoiding non-essential questions and getting to the crux of specific factors which trigger manifestations of substance abuse.

Summary

This article sought to present overview and an analysis of the three major assessments of substance abuse manifestations and tendencies: chemical drug tests and measures of blood alcohol level; psychological scales; and diagnostic interviews.

Chemical drug tests and measures of blood alcohol level were seen as rather blunt, possibly punitive, non-differentiating assessments that essentially can determine that a person has used alcohol or an illicit drug, but cannot specifically assess whether use is an indication of an entrenched pattern of abuse or random incidents of consumption.

Psychological scales were analyzed within the article and represented as being effective in identifying underlying factors which define a resistance to or a proneness toward substance abuse. The need for psychological scales appropriate for the diagnosis of substance abuse proneness in children and adolescents was highlighted.

Diagnostic interviews were judged to be most effective as probing follow-ups to the use of psychological scales.

References

Burke, H. & Marcus, R. (1977). MacAndrew MMPI Alcoholism Scale: Alcoholism and drug addictiveness. *Journal of Psychology, 96,* 141-148

Caldwell, A. (1985) *MMPI clinical Interpretation.* Paper presented at the Advanced Psychological Studies Institute. Los Angeles, CA.

Kranitz, L. (1972) Alcoholics, heroin addicts, and nonaddicts: Comparisons of the MacAndrew Alcoholism Scale of the MMPI. *Quarterly Journal of Studies on Alcohol*. 33 (4), 807-809

Lachar, D. & Berman, W. (1976). The MacAndrew Alcoholism Scale as a general measure of substance misuse. *Journal of Studies on Alcohol*, 37, 1609-1615

Leonard, Margaret A. and Taccarino, J. (1992). *Manual for the substance abuse resistance indicator*. John Taccarino & Associates: Chicago

Sutker, P. & Brantley, P. (1979) Alcoholics and opiate addicts; comparison of personality characteristics. *Journal of Studies on Alcohol*,: 40, 635-644

Standardized Testing In Illinois: Adequacy For Purposes Used

Rita Karwacki Bode

Abstract

This article focuses on measures typically used within Illinois and reported on by the state, the public, school districts and local schools. Two other national testing programs are also discussed, to place some of the trends fund in Illinois in perspective.

STANDARDIZED TESTING IN ILLINOIS: ADEQUACY FOR PURPOSES USED

Students across the state participate in a number of standardized testing programs. Data from these programs are aggregated and reported at various levels: national, state, district, school, and classroom; in some programs, data are also reported by individual student. Although the term "standardized test' is assumed to be synonymous with multiple-choice paper-pencil tests, a standardized test is simply one that is given in a standard manner so that various comparisons can be made. When most people think of standardized tests, they think of norm-referenced tests, and more specifically, norm-referenced achievement tests.

Rita Karwacki Bode is a Doctoral Student at the University of Illinois at Chicago

Not all testing programs, however, use norm-referenced tests. Some programs, for instance, Illinois' statewide assessment program, use criterion-referenced tests. While there are similarities between the two kinds of tests, the main differences between them are: (a) how the content is selected and what it is representative of and (b) how the item responses are summarized and what kind of comparisons are made. The content of norm-referenced tests is designed to represent those aspects of the curricula that are commonly taught in a grade or group of grades whereas the content of criterion-referenced tests is designed to represent a specific domain, most likely, a particular curriculum or set of objectives. The results for a norm referenced test are reported in terms of how a specific level of performance compares with that of a reference group, most likely, students in the same grade nationwide (e.g., a student who receives a 50th percentile scored higher than 50% of the students in his/her grade across the country) whereas the results of criterion-referenced tests are reported in terms of how a specific level of performance compares with that of an established criterion or cutoff point (e.g., if a cutoff score of 70% was established as indicating mastery of a content area, students who answer that percentage of the items correctly are said to have mastered the content).

These differences reflect differences in the way norm-referenced and criterion-referenced test results are used.. Criterion-referenced tests are designed to assess performance on a specific set of objectives or curriculum and therefore are appropriate only for assessing performance in those instances where that set of objectives or curriculum is relevant; they cannot be used in comparisons across schools or systems with dissimilar curricula or those that do not have that set of objectives in common. In contrast, norm-referenced tests are said to equally discriminate against all curricula in that they sample content equally from all curricula; they can be used to compare schools or systems with dissimilar curricula. In a sense, criterion-referenced tests measure how well students have learned what they were taught or how well they perform on a specific set of objectives and norm-referenced tests measure how adequately a specific curriculum covers content that is generally accepted toe important.

Originally, all large-scale testing programs used norm-referenced tests. In response to criticism of the use of norm-referenced tests to describe student performance, criterion-referenced testing programs were developed. However, the early promise of criterion-referenced testing as a replacement for norm-referenced testing was not sustained. Although criterion-referenced tests were capable of providing descriptive information on student performance on the specific content tested, they were considered inadequate for providing information on how the level of performance in one school compared with that in other schools. For example, one school could select extensive coverage of a content domain and a very challenging standard (cutoff score to indicate mastery) while another could select a very narrow range of content and very low standards. Both could report similar results in terms of the percentage of students who mastered the content but there would be no indication of the great differences in the achievement level of students across these two schools. In response to these criticisms reports from criterion-referenced tests became more objective; for instance, scores on local tests were equated to scores on norm-referenced tests to make reference to the normative information.

Likewise, changes were made in norm-referenced tests to tie test levels to individual grade levels and to constrain and define more precisely the content that was being measured. The emphasis shifted from concern for the psychometric properties to the content representativeness of the items. Criterion-referenced types of reports on clusters of items within these modified norm-referenced tests were added. Although the modifications made norm-referenced tests more acceptable to some users, they did not satisfactorily resolve the problems inherent in trying to have one instrument serve both the descriptive and comparative purposes.

Norm-referenced and criterion-referenced continued to evolve as tests began to be used extensively to evaluate teacher's and school's performance. Once the "stakes" were raised, the tendency became for more schools to either equate their local criterion-referenced test to a nationally normed test or to choose the norm-referenced test battery that most clearly reflected the local curriculum. In both instances, the result was that the reference to national norms became corrupted – the test content no longer equally discriminated against all curricula but favored the curricula to which it was most similar. Schools used in norming populations are selected randomly, regardless of the similarity of the curriculum to the test content. However, if schools selected the test with the most similar content to their curriculum for their testing program, the nature of the comparison changed. The resulting national norms reported were inflated because the local population was at an advantage in taking a test that conformed to its curriculum. Further corruption occurred when school systems began customizing the norm-referenced tests to include content they taught that was not included in the original test and exclude content that was not covered in their curriculum. When reported in criterion-referenced types of scores, this did not cause a problem; in fact, it represented an efficient use of testing time. However, when nationalnorms were then attached to the resulting scores (developed through item response scaling methods on a core of items from the original test), this further inflated the national norms and confounded the comparison.

TABLE 1

Consumers and Uses of Standardized Test Information

Consumer	Unit of Analysis
National level	
Allocation of resources to programs and priorities	Nation, state
Federal pram evaluation (e.g., Chapter 1)	State, program
State legislature/state department of education	
Evaluate state's status and progress relevant to standards	State
State program evaluation	State, program
Allocation of resources	District, school
Public (lay persons, press, school board members, parents)	
Evaluate state's status and progress relevant to standards	District
Diagnose achievement deficits	Individual, school
Develop expectations for future success in school	Individual
School districts – central administrators	
Evaluate districts	District
Evaluate schools	Schools
Evaluate teachers	Classrooms
Evaluate curriculum	District
Evaluate instructional programs	Program
Determine areas for revision of curriculum and instruction	District
School districts – building administrators	
Evaluate school	School
Evaluate teacher	Classroom
Grouping students for instruction	Individual
Placement into special programs	Individual
School districts – teachers	
Grouping students for instruction	Individual
Evaluating and planning the curriculum	Classroom
Evaluating and planning instruction	Classroom
Evaluating teaching	Classroom
Diagnosing achievement deficits	Classroom, individual
Promotion and graduation	Individual
Placement into special programs (e.g., gifted, handicapped)	Individual
Educational laboratories, centers, universities	
Policy analysis	All units
Evaluation studies	All units
Other applied research	All units
Basic research	All units

The resulting merging of traditional features of norm-referenced and criterion-referenced tests has not solved, and may in fact have further muddied, the problems associated with the appropriate use of standardized test results. Haladyna, Haas, and Nolen (1989) listed 29 possible uses of such tests (see Table 1). They note that until recently, these test scores were used across the country for a rather limited set of purposes, such as grouping students for instruction, diagnosing achievement deficits, and helping parents understand the general achievement of their children. They added that "the considerable increase in the use of these test scores might be attributed to the onset of the 'age of accountability' and an increased perceived need to evaluate education at virtually all units of analysis. With the increased use of standardized achievement tests has come pressure to raise scores, which in turn leads to score pollution. This pollution seriously affects the truthfulness of test score interpretation and calls into doubt the reasonableness of many of the uses listed in Table 1."

This paper will focus on measures typically used within Illinois and reported on by the state, the public, school districts, and local schools. In addition two other national testing programs will be briefly discussed to place some of the trends found in Illinois and elsewhere in perspective.

At the national level, the National Assessment of Educational Progress (NAEP) has been assessing student performance for over 20 years. It reports average performance of students for ages 7, 11, and 17 on sets of items within various content areas and for selected sub populations of students. Other than NAEP, which was originally sampled such that only a national average was obtainable, no other test instrument was administered to a representative sample of students across the nation and, therefore, no other national averages on standardized tests were available.

In the early 1980, Secretary of Education Terrell Bell introduced the "Nation's Report Card" in which the average performance of students on American College Testing (ACT) and Scholastic Aptitude Test (SAT) college admission tests were reported by state. Although these were tests administered to self-selected samples of college-bound students, these report cards became the vehicle by which the U.S. monitored the "quality" of education in its schools. Despite the flaws in this use, the idea caught on. Increasingly in the 1980s, states began to implement statewide testing programs to monitor student performance within their states. According to the April 10, 1991 issue of Education Week, 47 states (Illinois among them) have now implemented such programs. The use of a single instrument in all school across a state thus allowed for a report card-type of assessment of school quality within the state.

The kinds of information that emanated from NAEP and the Report Card came to symbolize a split in the purposes of assessment: NAEP-type reports described student performance in broad areas (e.g., how many of the nation's 9-year-olds could perform grade-level mathematics as compared to the last assessment), related how that result compared with the results from previous assessments in that area, and addressed selected policy issues (e.g., how minority students performed in mathematics in comparison to majority students). In contrast, the report cards compared states on their ACT/SAT averages and ranked them (separately for ACT and SAT) for states in which a significant proportion of the students participated in the program. In effect, states that had high averages in either testing program were identified as providing a "quality" education and those with low averages as providing a "less than quality" education. This split represents two major purposes of standardized testing under which most of the uses listed in Table 1 can be subsumed – monitoring of student progress (descriptive) and accountability for student performance (comparative) – purposes which need to be handled by separate measures.

Following is a discussion of some uses of standardized tests with Illinois, notably the Illinois Goals Assessment Program, for monitoring progress and for accountability purposes and their adequacy for these purposes.

1. STATE LEGISLATURE/BOARD OF EDUCATION

Measure(s) Used

The Illinois Goal Assessment Program (IGAP) was created by the 1985 Educational Reform Act which called for the development of state and local goals for six fundamental areas: reading, language arts, mathematics, science, social studies, fine arts, and health and physical development in grades 3, 6, 8, and 11. As described in a publication by the Illinois State Board of Education (ISBE, 1990), this legislation mandates state assessment of goals for student learning, district assessment of local goals to be used for individual diagnosis and school and program improvement, and the development of school improvement plans detailing plans for remediating weaknesses and improving student performance.

Currently reading, language arts, and mathematics are assessed in grades 3, 6, and 8 and reading and mathematics are assessed in grade 11 (grade 11 language arts assessment will begin in 1992). The science assessment is scheduled to begin in 1992; social studies, in

1993; fine arts, in 1994; and heath and physical development, in 1995 (ISBE, 1991). Individual districts currently use publishers' standardized norm-referenced, customized criterion-referenced tests, publishers' textbook chapter tests, and locally-developed criterion-referenced tests to assess local objectives.

How Results Are Reported

The assessment reports provide data on overall outcomes and results intended to help schools and districts specifically analyze their overall performance. State report cards provide information on the proportion of students scoring within each national quartile, separately by grade and area tested, on the instruments measuring statewide goals. Scale scores are used to assure comparability across time and schools; score bands are used to take into account random variation in scores; and trend data (current plus two previous years) are used to spot trends in school and district performance. Since a matrix sampling approach is used, each student within a grade takes only a subset of the items that constitute the assessment in a particular subject area but the report aggregates the data from all items. In addition, demographic data collected from individual school districts, such as teacher education, teacher salaries, attendance rates, mobility rates, minority enrollment data, low income enrollment data, time spent in subject area instruction, class size, per pupil expenditures, graduation rates and various combinations of these variables such as differences in minority enrollment, mobility, and attendance rates for low and high poverty schools are also reported (ISBE, 1987). Currently, school and district reports are provided with individual student reports planned for the future. Prior to the development of IGAP, report cards in Illinois consisted of data that districts reported on the proportions of students falling with in national quartiles based on standardized norm-referenced test results for elementary school students and average American College Testing Program (ACT) scores for high school students. The standardized norm-referenced tests most commonly used were: the California Achievement Tests, the California Tests of Basic Skills, the Iowa Tests of Basic Skills, the Metropolitan Achievement Tests, and the Stanford Achievement Tests.

Adequacy For Use

To the extent that the results of the statewide assessment are interpreted as progress towards meeting state goals, somewhat like the NAEP results are reported and used, and not some evaluation of the "quality" of schools or their curriculum, the measure is adequate. However, when this use is combined with use as an accountability measure, problems are encountered. According to Berstein (1990), "Using the same measures to monitor progress and to hold specific educational units accountable raises the specter of corrupting the meaning of the measures."

Impact on monitoring progress: One result of using a single measure to monitor progress and for accountability purposes is the narrowing of curriculum within individual schools to emphasize the state goals to the exclusion of other educational goals. As long as there is pressure for individual schools or districts to "look good," there will be pressure to manipulate curriculum and instruction to concentrate on the specific instrument that will be used to make this judgment. It boils down to "whatever is tested will be taught and whatever is not tested will not be taught." One problem with this approach is that one cannot generalize beyond the specific goals measured to estimate how well students perform, for example, in mathematics in general. All that can be reported is how students perform on these specific mathematics goals. A method that has been used in some statewide programs is to expand the goals to be tested beyond the basic or essential level to include a wider range of goals. Then annually the specific goals that are to be measured that year are sampled from the total set of goals. The hope is that this approach will encourage schools to cover the range of important goals rather than emphasizing a subset of goals that is to be sampled. This allows for generalization of the results from any given year to the total set of goals.

Impact as an accountability measure: A second problem encountered with using a single instrument to monitor progress and for accountability purposes, and for that matter with accountability systems in general, is that in holding schools accountable for student performance the assumption is being implicitly made that the schools have control over all factors that affect student performance. According to Haladyna, Haas, and Nolen (1991): "just as no single standardized achievement test represents a complete mapping of the content of the school achievement domain, . . . the causes of school achievement are varied and complex . . . Erroneously attributing the level of achievement test scores to the influence of a single teacher, school, or school district grossly oversimplifies the nature of these scores." There are many contributors to student achievement over which schools have little or no control: family socioeconomic status, cultural background, student motivation, the value of education to the student, the student's physical and mental well-being.

To a large extent, the characteristics of the students attending a school are more accurate determinants of student performance than characteristics of the school. According to a study conducted by Guskey and Kifer (1990) on the results of Kentucky's statewide testing program, the proportion of variation in achievement scores which was attributable to demographic and economic-based indices was substantial. Differences in the demographic and socioeconomic characteristics of the districts (percent of the student population considered economically deprived, percent of district's revenue received from local resources, percent of district's revenue provided by the local educational agency, average assessed property value in the district, average per pupil expenditure for instruction, average total expenditure per pupil, and pupil/teacher ratio) accounted for 46% of the variance in total achievement; using only the percent of the student population considered economically deprived as a predictor, 42% of the variance could be explained.

This doesn't mean, however, that schools have no impact on student performance. Via school-controlled factors such as the curriculum, the classroom organization, teacher quality and experience, school order and discipline, school "climate", etc., schools exert influence over student learning in ways that are still being investigated. For these reasons, it appears reasonable to hold schools accountable, not for the level of student performance, but for the gains or growth experienced by students in a particular school. That is, based on the performance level of students with similar backgrounds and characteristics, how much learning occurred in each school.

Another important consideration is that all students do not progress at the same rate and, therefore, simplistic gauges such as mandated one grade-equivalent (GE) per year gains are not equally fair across all groups of students. It is important to set realistic expectations for improvement of students across levels of performance. For example, setting a goal of one GE gain per year is appropriate only for students who are average performers. By definition, GEs represent the median score at the grade and month of testing in the normative group an one GE gain is the amount a student at the 50th percentile would have to gain in order to maintain that level of performance 50th percentile). However, to maintain a percentile of 0 from one year to the next requires less than one GE gain an maintaining a percentile of 70 from one year to the next requires more than one GE gain. Therefore, an across-the-board requirement of one GE gain is too stringent for low performing students and too lax for high performing students.

In his discussion of purposes of statewide assessments, Cooley (1991) recommends a redesign of statewide assessments to hold schools accountable for improving student learning. Cooley further suggests that school personnel not be the only ones held accountable; legislators and other public officials who have responsibility for education should be held accountable for providing the funding necessary for carrying out the mandates they establish. That equitable funding is not being provided is evident from the legal actions taken by school officials in a number of states. For example, in response to differences of 300 percent or more in per-pupil expenditures, 47 Illinois school districts have filed a suit seeking a court order to compel the General Assembly to change the way the state pays for its public schools.

The Illinois legislature has passed a school accountability law details for which are not yet available. However, the aims of the legislation are clear. In an article in the November 15, 1991 issue of the *Chicago Tribune* accompanying the reporting of the Chicago-area IGAP results, it was noted that

> [IGAP] is also the foundation of new school accountability law that authorizes the ISBE to impose stiff sanctions on districts or schools in which students perform poorly. The law, effective for 1992-93, requires that schools be compared against their past performance in the exams and other indicators such as student attendance, graduation, and dropout rates. The new accountability law requires that the state develop rules on how schools will be compared . . . Schools failing to show improvement will be placed on an "academic watch list" and required to give the state plan to remedy deficiencies. If there is no improvement after two years, the school must file a second plan, this time with state assistance. If the school still has not improved after two or more years, the state superintendent has the power to impose tough penalties. Local school board members can be fires, or the superintendent can appoint some outside authority to operate the school. In the most stringent sanction available under the new law, the school can be closed and students reassigned.

Because of the serious consequences involved, the importance of setting realistic expectations for improvement in student performance is magnified.

2. PUBLIC

Measure(s) Used

IGAP Statewide Assessment. As a part of the publication of statewide results on the IGAP, district and school averages are released to the public.

How Results Are Reported

The publication of school and district averages in local newspapers has become an annual ritual. Along with the IGAP score averages, selected financial and demographic data, such as the percentage of low income students, per pupil spending, pupil-teacher ratios, average class size, average teacher experience, and average teacher salary are reported for individual schools and districts. In some cases, the districts and/or schools are listed in alphabetic order; in others, they are ranked by their average scores and selected demographic information. Occasionally test score and demographic data are reported for the top 10 and bottom 10 districts or schools. Accompanying articles describe the relationship between the test scores and certain demographic data are reported for the top 10 and bottom 10 districts or schools. Accompanying articles describe the relationship between the test scores and certain demographics such as per pupil expenditure or percentage of low income students within a school.

Adequacy For Use

The use of rankings to evaluate the quality of educational programs does not serve their intended purpose which is to tell various interested audiences how well or how poorly schools or school districts are doing. According to Guskey & Kifer (1990), "rankings can vary greatly depending on what outcomes from the testing program are used, how those outcomes are aggregated, whether or not input variables are used to make statistical adjustments to the outcomes, and what particular input variables are employed in making such adjustments." Guskey & Kifer looked at differences in school district ranks depending on how one aggregated the data (separately or across grade and subject area) and whether any adjustments were made to scores prior to ranking. They found a substantial change in the ranking of districts; a change in ranking criterion resulted in a change in rank of nearly 50 (out of 178) for one-third of the school districts. In discussing these results, they noted that even greater variation would be found among individual classrooms and schools than were found among district.

Using the same procedure and the 991 school averages in mathematics and reading from 61 Chicago public high schools published in local newspapers, the difference in school ranks using unadjusted scores and scores adjusted by the percent of low income students in the schools was explored. If the school ranks were comparable, one would expect high correlations. In mathematics, the correlation between the original and adjusted ranks was -.241; in reading, it was -.283. The correlations were not only low but were negative, indicating a substantial reordering of the school ranks. As in the Guskey & Kifer study, the standard deviation of the difference between airs of ranks was used to determine the magnitude of differences in ranking. In this example, the differences were 28 for both mathematics and reading. In both areas, almost half of the school ranks changed by more than 30 points (out of 61 schools!).

While this example might be extreme because of the great differences in percent of poverty across schools (from 3.6% to 83.6%) and one might want to control for more than one background variable, the results are illustrative of the impact of not taking such important variables into account in ranking schools in terms of their average performance. while some have argued that the goals involved in such testing programs are goals that are important for all students, and maybe especially important for low-income students. if one is evaluating how good job the school is doing, rather than how well individual students are progressing toward a set of goals, it seems important to take these factors into account. If could be argued that ranks using adjusted scores more clearly identified schools that were doing the best job in that those were the schools in which performance was highest after controlling for students' economic backgrounds and that rankings using the original scores were giving schools with high scoring students undue credit for the performance obtained.

3. SCHOOL DISTRICTS

Measure(s) Used

Assessment of statewide goals using the IGAP instruments and local goals typically using commercial standardized achievement tests such as the Iowa Tests of Basic Skills, the California Achievement Tests, and the Stanford Achievement tests, or customized, locally-developed tests.

How Results Are Reported

The state provides district reports and school reports for each school within a district for the assessment of statewide goals. Local districts are additionally required to develop systems for reporting their assessment results to local residents annually. The local reporting system should include at least "statements of the degree to which the district's goals, objectives, and expectations for student achievement are being met, and if not, what appropriate actions are being taken" (ISBE, 1988). The data that districts report on student achievement of local objectives may consist of simple percentages of students who met local expectations or criterion levels. Displays of assessment information reporting student achievement of local goals and objectives may be a major feature of a district's report to the public but it might also include: state assessment data; normative data from publishers' achievement tests; other indicators of school effectiveness, such as attendance or dropout rates, academic awards and constituent satisfaction; student performance on selected illustrative assessment items or procedures; or indicators of local problems, such as student mobility, absenteeism, and class size (ISBE, 1988). In addition to district-level reports, local districts are also required to provide school-level and individual student reports of scores on the local assessment to the schools.

Adequacy For Use

The concerns and recommendations for the use of a single instrument to serve both the monitoring and accountability purposes at the district level are similar to those at the state level. The local assessments are adequate for monitoring progress toward district goals, in terms of district averages. However, when the same instrument is used as an accountability measure at the school or classroom level, the use becomes problematic. The curriculum, school performance, and teacher performance should be elevated in terms of changes in student performance rather than the level of student performance.

Local district goals would ordinarily represent a more detailed outline of desirable outcomes than is found in the state goals but not necessarily a complete curriculum. Therefore, variations in the school curricula designed to meet a district's goals would be expected, as would variations in the implementation of these curricula at the classroom level. Although the curriculum in classes within a district is presumed to be more similar than in classes across districts, there are still sufficient dissimilarities. These dissimilarities make an evaluation of the curricula and development of corrective actions to address unsatisfactorily met goals unlikely at the district level. Theses kinds of evaluations and corrective actions need to be taken at the school level. One way in which the local assessments could be used for school improvement purposes, would be for the district to use the trend data from the last three local assessments to define satisfactory progress across time. If the school's students are progressing satisfactorily toward these goals, no changes would be needed. If, however, the progress is not satisfactory, a realignment of the school's curriculum may be necessary. How a district defines satisfactory versus unsatisfactory progress would need to be carefully thought out and justified, especially once the school accountability law takes effect. If local assessments are also used to judge the effectiveness or quality of schools within a district, the kinds of level-of performance adjustments discussed previously would need to be applied to control for factors not under the control of the individual schools, such as socioeconomic status of students attending the school, mobility rates of students, local assessed valuation of property used to finance local schools, etc.

As with the statewide assessments, test pollution considerations need to be taken into account in the local assessments. Precautions are necessary to avoid unintended consequences of "high-stakes" testing such as the recent example of alleged cheating in a Lake Forest elementary school. One approach is to broaden the scope of the local assessment to include more than cognitive performance. Other worthwhile goals of schooling, such as decreases in disciplinary problems, increased attendance, increased student involvement in extracurricular activities, etc., should be incorporated into an evaluation. Districts that take a more multivariate approach in evaluating schools lessen the overemphasis on test results and the problems that such overemphasis can cause.

4. SCHOOL ADMINISTRATORS AND TEACHERS

Measure(s) Used

IGAP local assessment is also used to evaluate the local curriculum in terms of its effectiveness in promoting progress toward the local goals, to evaluate the performance of teachers in the local schools in terms of how well the students have learned the content that is considered important at the local level, and to evaluate the performance of the students themselves.

How Results Are Reported

In addition to reporting data by school, local assessment data are also reported by classroom and by individual student. Depending upon the reporting system selected, data are reported in terms of the percentage of students satisfactorily performing on a set of goals, some measure of gain or growth from previous years' results, and the level of performance itself for an individual student.

Adequacy For Use

Schools are mandated to assess the degree to which the local goals are met and if not, what actions need to be taken. While the district may establish the criteria for determining whether the progress was satisfactory, the decision to revise the curriculum or instruction programs could reflect a desire to more aggressively address the current state or local goals or to introduce other approaches to the school's instructional program. This decision could also reflect a desire on the part of the local school or community to address certain needs deemed important in that community. For the goals that have not been satisfactorily met, the curriculum is reviewed with an eye toward changes that might improve students' chances to meet these goals. While not an evaluation of the curriculum itself, this review focuses on those aspects of a school's instructional program that may not be functioning as intended.

While adequate for determining the progress of a class toward meeting local goals, local assessment results which report students' levels of performance would, however, not be appropriate for evaluating teachers performance. An adjustment in the scores of students in the classroom needs to be made to reflect the teacher's contribution to the student performance. When measures of student achievement are used for this purpose, it would be more appropriate to obtain an indication of the student's score gain or "growth" in the past year by controlling for previous achievement, and to some extent, all previous experiences in and out of school that can confound the measurement. This kind of information, in addition to affective information on the students, would represent a fairer reflection of the teacher's effectiveness. If the teachers have special goals, such as concentrating on the improvement of the performance of students scoring in the lowest quartile, these should be reflected in the information used in the evaluation.

The original purpose of achievement testing, to provide an indicator of a student's current performance level seems to have been lost in all the state mandates. This perhaps, is a reflection of the view that results on such instruments only represents a small portion of what students know and are able to do. Student data on the local assessments, therefore, need to be expanded upon with other information. The latest alternative to standardized testing, called authentic or performance assessment, is a step in this direction. It is still in its infancy in terms of defining reliable procedures for collecting and evaluating information. Among the most popular methods is a portfolio of examples of a student's performance at many times during the school year. Since any test score is considered a sampling of student behavior at one point in time, the multiple data points implicit in the development of a portfolio is an advantage. However, much work is needed to provide guidelines for the use of portfolios as a possible replacement for standardized tests. Currently, they can enhance the information provided by the tests, they can flesh out the snapshot represented by the standardized test results.

CONCLUSIONS

The Illinois Goals Assessment Program has many admirable features which lessen the potential misuse of data. There are, however, some remaining problems with the use of these assessments for particular purposes, some beyond the control of the state board. Several suggestions have been proposed for adjustments that could be made to the IGAP results when used in specific situations that would alleviate some of the problems. Perhaps the problems caused by some misuses will decrease as assessments change from multiple-choice paper-pencil tests to newer assessment alternatives. Then again maybe some of the corruption of the meaning of standardized test results will be passed on to whatever new assessment methods are developed. Much work is needed in educating parents and the public at large to understand the limitations of all assessments, especially for uses for which they were not originally designed.

References

Burstein, L. (1990). Looking behind the "average": How are states reporting tests results? *Educational Measurement: Issues and Practices*, 9(3), 23-26.

Cooley, W.W. (1991). State-wide student assessment. *Educational Measurement: Issues and Practices*, 10(4), 3-6.

Education Week, April 10, 1991. State testing programs and purposes, 1990. *Education Week*, X(29), 7.

Guskey, T.R., & Kifer, E.W. (1990). Ranking school districts on the basis of statewide test results: Is it meaningful or misleading? *Educational Measurement: Issues and Practices*, 9(1), 11-16.

Haladyna, T.M., Haas, N.S., & Nolen, S.B. (1989). *Test score pollution* (Technical Report No. 1). Phoenix, AZ: Arizona State University West Campus.

Haladyna, T.M., Nolen, S.B., & Haas, N.S. (1991). Raising standardized achievement test scores and the origins of test score pollution. *Educational Researcher*, 20(5), 2-7.

Illinois State Board of Education, 1988. *Assessment handbook: A guide for assessing Illinois' students*. Springfield, IL: ISBE.

Illinois State Board of Education, 1988. *Performance profiles: Illinois schools report to he public*. Springfield, IL: ISBE.

Illinois State Board of Education, 1990. *Information bulletin: Illinois Goal Assessment Program*. Springfield, IL: ISBE.

Illinois State Board of Education, 1991. *Guide to the 1991 Illinois State Assessment*. Springfield, IL: ISBE.

Tech Prep And Illinois Assessment Needs

John A. Van Alst

Abstract

The development of Tech Prep in Illinois demands more meaningful methods of assessment of student achievement. The skill areas that relate to the students who are entering the work force are presenting challenges to assessment that must be met by educators. These challenges include identification of what skills need to be assessed based on input by the work force and educators, and how these skills need to be assessed. There is also a need to re-evaluate the Illinois Goal Assessment Program as it relates to the skills needed by the work force.

TECH PREP AND ILLINOIS ASSESSMENT NEEDS

The development of a global economy has forced educators in Illinois to re-evaluate the educational system of the state. The inability of U.S. workers to compete with those of other nations has resulted in the delayed awareness that the present educational system is not doing the job adequately. The nation's workers are finding it difficult to compete in the world market, and business is finding it difficult to

---

John A. Van Alst is Director of Guidance, Altamont Unit #10, Altamont, Illinois

provide goods and services as efficiently as they can be provided by other nations. As tempting as it may be to blame this on unfair business practices by other nations, this is not the cause of the problem. There are too many factors that simply do not support the concept that this nation is being unfairly dealt with by other nations. The hard truth is that most evidence indicates that this is a problem that has been brought about by the U.S.'s inability to keep up with the new methods of production being used by other nations throughout the world. (National Center on Education and the Economy, 1990.)

There are many reasons why U.S. business has not kept up with many of the other industrialized nations, but one important reason is the inability of the educational system to provide a well trained, thinking work force capable of doing the job required in the highly competitive world market (SCANS Report, 1991). Several states' school systems are starting to address this problem. This has resulted in the development of an educational program that will provide U.S. schools with the necessary tools needed to equip students with the basic skills needed for the workplace, and the academic background to allow students to develop the critical thinking and decision making skills called for by a highly technical work force. In Illinois, this program is called Tech Prep. Its long term goal is to prepare students with a basis for a lifetime of learning, thus providing workers for the workplace capable of successfully handling entry level jobs, and also of advancing their careers while on the job.

The Tech Prep program has established seven objectives that need to be successfully achieved in order to accomplish this goal.
These objectives are:

1. Tech Prep should have rigorous expectations which upon completion, will result in career opportunities providing growth and upward mobility. Secondary Tech Prep programs will integrate technical training and college preparation to ensure students gain both skills necessary to succeed in college and the workplace.
2. Tech Prep programs will provide students with a sequence of academic and vocational technical courses which are integrated and complimentary in nature.
3. Students participating in a Tech Prep program will learn to apply problem solving, critical thinking, and complex cognitive skills in a variety of employment situations.
4. Participation in a secondary Tech Prep program will be reserved for students able to meet certain requirements. All students within the region/college district will be provided with a means to meet the requirements.

5. Participation in a secondary Tech Prep program will provide students with experiences which will enable them to continue their education at a community college and attain an associate degree. The program must also provide students with the flexibility to continue their education at a four year university, should they choose.
6. Completion of a Tech Prep program will communicate to potential employers that the participant has demonstrated skills and abilities which make them preferred employees.
7. The concept of Tech Prep will be clearly communicated to students, employers, and the public to ensure participation in, and an understanding of, the program. (Tech-Prep in Illinois, 1990.)

The achievement of these goals will present a major problem concerning student assessment that will need to be resolved by educators. The development of a Tech Prep curriculum in Illinois places greater emphasis on an accurate description of the student's individual achievement. One of the main points of the Tech Prep curriculum calls for the accountability of each student based upon achieved skill levels in specific goal areas. If this new program is going to be successful, there must be an assessment plan developed that will provide a method of verifying each student's skills. The validity of this assessment plan must be accepted by the work place community regarding each student's skill levels in those areas determined to be important factors that can result in success or failure of the student as he or she enters the work force. As the Tech Prep curriculum becomes an important part of the educational scheme in Illinois, the demands for proof that students are achieving acceptable levels of competence in those skills deemed to be important goal areas will become more important. Current forms of achievement testing do not provide the necessary information about many of these skill areas, and probably never will be able to do this task adequately.

In the past, secondary education in the State of Illinois followed a bi-level approach: preparing students for entry into the work force, or preparing them for entry into a post secondary educational program. Most secondary achievement testing is designed to measure student achievement in terms of preparation for college, leaving the majority of students without a true assessment of the skills needed for entry into the work force. In addition to such testing devices as the standardized achievement tests, potential college students are tested by other achievement measures, such as the ACT and the SAT. To some degree these devices are successful in predicting the potential success or failure of college prep students, but they do not provide any information about many areas that are important to students who are wanting to enter the work force. It is even questionable if these assessment devices measure certain skill areas that are necessary for students to have mastered if they are to be successful in the college setting, such as their writing skills. It has been left to the individual schools to provide proof that students have achieved the basic skill levels necessary for success in these areas.

The schools are also responsible for determining that students who are entering the work force upon completion of the secondary program have achieved the skills necessary for success on the job. Such areas as thinking skills and application skills have not been successfully measured against the potential success or failure of students when on the job. The inability of the school system to verify that these students have achieved levels of competency in these skills has resulted in the refusal of the work place to recognize the validity of the achievement claims indicated by the high school diploma. Consequently, students who enter the job market from the high school are viewed by the work place as an unknown quantity. When students fail due to their lack of skills needed to succeed in the work force, this verifies the work place assumption that the school has not adequately trained them. The work place must then either dismiss them from the job, or train them in skills that the work place expected to have already been accomplished. This results in the discrediting of the high school diploma, thus causing the student population to feel that the diploma is not important if they plan to enter the work force upon completion of high school.

In most cases this attitude on the part of the student is perceived but not truly accurate. The actual problem here is that there is no means in place that the school can use to verify that students have achieved the necessary skills needed to be successful in the work place. Part of the problem is the result of lack of communication between the school community and the work place community concerning just what skills need to be emphasized by the school. Another part of the problem results from the school's inability to use alternate forms of assessment, other than standardized testing, as a means of evaluating the student's status regarding skills. The first part of this problem can be resolved through Tech Prep's involvement of the work place and the school in determining just what skills need to be emphasized (Tech Prep in Illinois, 1990). However, the second part of the problem will be much more difficult to resolve since there needs to be a standardization of assessment tasks throughout the entire state, and this will be a difficult and frustrating goal to achievement (Maeroff, 1991). However, if alternate methods of assessment are developed that can be used to assess the skills that standardized testing cannot evaluate, it will be possible to provide the work place with a valid assessment of each student's skills.

According to a study made by the Illinois Council on Vocational Education (1991), business and labor agree on nine basic skill areas needed by students. The first skill area is reading, writing, and math. At the present time there area standardized tests to assess each of these subjects. However, due to the demand for student competency in applied math procedures, there are questions concerning how valid standardized testing in math is regarding competencies in applied math concepts (Commission on Standards for High School Mathematics, 1989).

The second skill area is communication skills, including listening and oral communications. The use of standardized testing in the listening area is possible and being done. At this time there needs to be a standardized method of assessment developed for oral communications. Perhaps a standardized check list could be developed and used state-wide to provide this assessment information.

The third area includes such items as employability skills, including work attitudes, responsibilities, and knowing how a business operates. This area begins to complicate the issues of assessment. There needs to be clear goals established concerning just what employability skills actually include. These should be goals based on state wide needs, and a definition must be made regarding just what is meant by competency in these areas. (Tech Prep in Illinois, 1990)

The fourth area includes critical thinking, problem solving, and decision making skills. It is possible to measure this area to some degree through standardized testing, but for a thorough assessment of student skills in this area, there should be some method of alternate assessment developed. A standardized observation based device might provide the assessment information needed.

The fifth and sixth areas include group and teamwork skills including interpersonal and social relations, and self-esteem, goal setting and personal and career development. These two areas need to be assessed by observation. There needs to be a determination of what is meant by competency in these areas, and then a standardized method of assessment developed.

The seventh skill area is that of keyboarding and computer literacy skills. Here standardized methods would be possible, and assessment would need to be done through some hands-on method of assessment.

The eighth area includes leadership skills and improving organizational effectiveness. This area would also involve an alternate method of assessment, and also needs to have its goals clarified. Probably the assessment device would need to be based on observation.

The ninth area involves basic concepts of technology systems. This area is presently tested in part through the standardized testing devices. However, in this area as well as math, application becomes an important assessment need. The assessment device must include a method of measuring application skills.

The current trend in testing in Illinois has not successfully addressed the problem of assessing the actual skills of students who desire to enter the workplace upon completion of high school or a two year Capstone Program at a community college. The I.G.A.P. (Illinois Goal Assessment Program) is an example of a program designed to test the success or failure of the school district in providing its students with needed skills. However, the I.G.A.P. fails to identify clearly what particular skills the school should be teaching to the student. Much of the problem is the result of unclear ideas about what skills are needed by the student in order to achieve success in the workplace. When the goals were established in the middle 1980's, most high school educators tried to fit the mandated goals into a framework of achievement objectives that would direct students on to a successful completion of the associated test. The result is that many school districts, due to a perceived need for self preservation, designed objectives that would fulfill the test needs itself, without much though being given those skills that are not assessable by the test.

At the time the state goals were mandated, there was a lot of confusion about what was to be expected in the assessment. The confusion that existed at the time is still haunting school districts throughout the state. The actual outcome of this is that schools are not measured by the I.G.A.P. in many of the important skill areas that would help to develop a well trained work force.

Other problems that the I.G.A.P. cannot address that represent important areas of accountability for potential workplace success are those of motivation, moral character, ability to work well with other people and exceptional creativity. These are qualities that no achievement test will ever be able to measure. However, these are areas that most educators are concerned with and recognize as important areas for the student to have in order to be a successful member of the workforce.

The goals mandated by the state that are important for students to achieve, and must be taught by the schools of the state, need toe re-evaluated. The re-evaluation needs to place greater emphasis on the whole spectrum of skills needed by the student in order to be a successful part of the workforce.

The I.G.A.P. needs to re-focus upon the demands of the modern technological workplace, and then re-structured in order to allow these goals to be assessed. The whole goal assessment procedure needs to be re-orientated towards those skills that are being identified as important for the future of the state's workforce, rather than upon the confusion of the past.

If the present emphasis on Tech Prep continues to grow, there must be a whole new approach taken to the concept of student assessment. The evaluation of the school based upon an assessment tool that is not representative of the needs of the workplace cannot provide any type of meaningful information for school districts to measure students by, and consequently will not be effective in helping the school to improve programs, teaching needs, or methods of achieving effective educational results.

References

Commission on Standards for High School Mathematics, Inc. (1989) *Curriculum and Evaluation Standards for School Mathematics* (ISNB: 0-8735-273-2), 1906 Association Drive, Reston, Virginia 22091

Illinois Council on Vocational Education. (1991). *Toward a world-class workforce.* 100 Alzina, 100 North First Street, Springfield, IL 62702

Maeroff, Gene I. (1991, December). Assessing alternate assessment. *Phi Delta Kappan*, 273-281.

National Center on Education and the Economy. (1990) *America's choice: high skills or low wages* (ISBN 0-9627063-0-2) 39 State Street, Suite 500, Rochester, New York 14614

Secretaries Commission on Achieving Necessary Skills (SCANS) (1991) *Blueprint for Action: Building Community Coalitions.* U.S. Department of Labor, Washington D.C.

Secretaries Commission on Achieving Necessary Skills (SCANS) (1991) *What Work Requires of Schools.* U.S. Department of Labor, Washington D.C.

Tech Prep in Illinois (1990) *Tech Prep Expectations.* Illinois Curriculum Center, Sangamon State University.

IACD OFFICERS AND STAFF

PRESIDENT
George Altha McCoy
Lombard

PAST PRESIDENT
Dean Van Diver
Springfield

PRESIDENT ELECT
LaCleta Hall
Zion

SECRETARY
Cathy Shelton
Decatur

EXECUTIVE DIRECTOR
H. Twyman Jones
Normal

TREASURER
William McFarland
Macomb

PARLIAMENTARIAN
Lori Russell
Peoria

IACD GOVERNORS

Marlyse Anderson
Rock Island (1993)

Mary Lou Hawkins
Salem (1993)

Bette Toborg
Darien (1994)

Anna Marie Yates
Arlington Heights (1994)

J.D. Hawkins
Normal (1995)

Brenda Stadsholt
Havana (1995)

IACD DIVISION PRESIDENTS

IAMCD
Mary D. Lassalle
Waukegan

IMHCA
Kathy Bisbee
Bushnell

IAMECD
Chuck Eberly
Charleston

ISCA
Larry Williams
Crete

ICDA
Diane Kjos
Mokena

ICES
Lori Russell
Peoria

IACD
quarterly

Second Class
POSTAGE PAID
Charleston, Illinois 61920
USPS 451-660

department of educational
psychology and guidance
Eastern Illinois University
Charleston, Illinois 61920